OSCAR Health Insurance
Frequently Asked Questions/General Information

Q: What is the relationship between Oscar and ValueOptions®?
A: ValueOptions® administers the mental health and substance abuse benefits for Oscar Health Insurance. They have contracted with ValueOptions, Inc. (ValueOptions®) and its associated treatment providers to develop and maintain a comprehensive provider network. ValueOptions® also processes claims for behavioral health services and provides customer service support.

Q: What telephone number do I call to contact ValueOptions®?
A: For your clinical and customer service needs, you should contact the Oscar toll free number at 877-759-5722.
For provider contracting and credentialing questions, providers should contact ValueOptions® Provider Relations department at 1-800-235-3149.

Provider Network – Contracting and Credentialing

Q: I am not a provider in the ValueOptions® network. What do I do to join the network?
A: ValueOptions® periodically reviews our network coverage areas, clinical specialty needs, and member access. If you would like to request to be an in network provider with ValueOptions® please call ValueOptions® Provider Relations at 1-800-235-3149.

Q: Do I have to be credentialed by ValueOptions®?
A: Yes, all providers need to be credentialed by ValueOptions® to be included in our provider networks.

Online Services

Q: What online services does ValueOptions® offer?
A: ValueOptions® on-line services to provide added convenience for our members and providers. The following services are available:

ProviderConnect is an enhanced version of our online transaction services. It is a self-service tool available 24/7 that gives you access to the following features: authorization requests for all levels of care, concurrent review requests and discharge reporting, single and multiple electronic claims submission, claims status review (for both paper and online submitted claims), eligibility status, enter an outpatient authorization request, submit an inquiry to customer service, your provider practice profile, and correspondence (which includes authorizations letters and the ability to print provider summary vouchers) Find more information about ProviderConnect on www.valueoptions.com
MemberConnect

ValueOptions®’ web portal, MemberConnect, offers a wide range of flexibility for members to complete everyday service requests on-line via a secured site, 24 hours a day, seven days a week. MemberConnect allows members to obtain information related to claims status and reconciliation; eligibility verification and benefits summary verification; checking prior authorization status, including services authorized and services used; or seeking identification of network providers and their locations, as well as other types of inquiries.

Claim

Claims for services rendered by participating ValueOptions® providers with dates of service on or after January 1, 2014 should be submitted to ValueOptions® at:

PO Box 1347
Latham, NY 12110

Q: What paper forms can be used for claims submission?
A: Providers are required to bill on standard CMS 1500 and UB04 forms. Red ink forms should be used as these can be scanned, which expedites the claim entry into the claims system. The UB04 Form can only be used for inpatient and alternative levels of care for mental health and substance abuse, not outpatient professional mental health services. The CMS 1500 form should be used for outpatient professional services.

Q: Can I submit my claims electronically to ValueOptions®?
A: Yes. CMS 1500 and UB04 (837P and 837I) electronic submissions are accepted according to guidelines contained in the ValueOptions® EDI materials found on www.valueoptions.com. If you are interested in electronic claim submission, please contact our ValueOptions® Electronic Claims Specialist at 888-247-9311. We strongly encourage providers to submit claims electronically for the efficiencies gained by both providers and in claims processing.

Q: Does the ValueOptions® electronic claims format work with other claims clearing houses?
A: Yes, please contact our ValueOptions® EDI Helpdesk Coordinator at 888-247-9311. Please note: ValueOptions® does not reimburse for provider expenses associated with electronic claims submission.

Q: When ValueOptions® authorizes care is the authorization an automatic guarantee of payment for services rendered?
A: No, authorization of services is not a guarantee of payment. Payment depends on a number of factors including member eligibility, provider contract status, and benefit limits at the time care is rendered.
Q: As an individual practitioner, billing outpatient services, do I need to include the provider number on my claims?

A: Outpatient professional services must be billed on a CMS-1500 form. The following fields are required.

CMS-1500 required fields:

- Insured's ID number
- Patient's name
- Patient's birth date and gender
- Insured's name
- Patient's address, city, state, zip code and telephone number
- Patient's relationship to the insured
- Insured's address, city, state, zip code and telephone number
- Patient status – married / single
- Is the patient’s condition related to: Employment? Auto accident? Other accident?
- Is there another health benefit plan?
- Diagnosis or nature of illness or injury
- Dates of service
- Place of service
- Procedures, services or supplies CPT/HCPCS
- Procedures, services or supplies modifier
- Charges
- Days or units
- Federal Tax ID number and type
- Total charge
- Signature of physician or supplier including degrees or credentials
- Name and address of facility where services were rendered
- Physician’s/supplier's billing: name, address, zip code and phone number
- NPI
In addition, please visit [www.valueoptions.com](http://www.valueoptions.com) for more information on proper billing procedures.

Q: **For claims previously rejected that need to be resubmitted, what do I need to do?**
A: Provider should clearly write “Corrected Claim” on these types of claims and send to:

ValueOptions®
PO Box 1347
Latham, NY 12110

Providers need to be aware of the timely filing requirements as stated in their contract with ValueOptions®. This pertains to first time submissions, as well as re-submissions and a previously processed claim.

Q: **As a facility billing for outpatient services, what information is required to be included on my claims?**
A: Outpatient professional services must be billed on a CMS-1500 form. Please see the required fields listed above. In addition, please visit [www.valueoptions.com](http://www.valueoptions.com) for more information on proper billing procedures.

Q: **As a Facility billing for services other than outpatient, how do I bill?**
A: Inpatient services and Alternate Levels of Care (PHP, IOP, etc.) must be billed on a UB-04 form. The following fields are required.

- Servicing provider name, service address & phone #
- Type of bill
- Federal tax number
- Statement covers “From” and “Through”
- Patient’s name (last, first, middle initial)
- Patient’s address
- Birth date
- Sex
- Marital status
- Admission date
- Patient status
- Responsible party name and address
- Revenue code
- Service date
- Service units
- Total charges
- Payer
In addition, please visit www.valueoptions.com for more information on proper billing procedures.

Q: Who pays when the member is admitted to a medical unit for alcohol withdrawal treatment?
A: Claims for Detox on Medical units should be submitted to the medical carrier, regardless of when services are incurred.

Q: Who is responsible for members admitted to an inpatient medical unit with behavioral health issues that need to be treated?
A: Members admitted to a medical floor are the responsibility of the medical plan. Authorization is required by the medical plan and claims are paid by the medical plan. If the member is transferred to a psychiatric or substance abuse unit ValueOptions® will need to review, authorize the care, and pay the claims.

Q: Where do I go to have a claim question/issue resolved?
A: Please visit us on-line at www.valueoptions.com to check and review a claim status or call the Oscar toll free number at 877-759-5722.

Clinical, Authorization and Quality Services

Q: What are the hours of the ValueOptions® Clinical Department?
A: Licensed clinicians are available 24-hours a day, 7 days a week, and 365 days a year. It is imperative that, in the event of emergent care, the provider contact ValueOptions® as soon as possible, but no later than 24-hours after the emergent contact/session/admission. Information can also be submitted online using ProviderConnect.
Q: As a provider, how soon will I receive a claims payment?
A: Clean claims submitted electronically within timely filing limits set out in your contract will be processed and paid or additional information requested where required within 30 days of receipt. Reimbursement for covered services shall be at the rates specified in the reimbursement in your contract.