



VALUEOPTIONS[®]
Innovative Solutions. Better Health.

Pacific Gas & Electric (PG&E) Applied Behavioral Analysis (ABA) Provider Orientation

March 28, 2012

 **VALUEOPTIONS[®]**
Innovative Solutions. Better Health.



Objectives

- Welcome and Introductions
- Overview of ValueOptions
- PG&E Partnership
- Overview of Operational Areas
- Clinical Interface & Workflow
- Administrative Interface & Workflow
- Questions and Answers

Overview of ValueOptions

ValueOptions

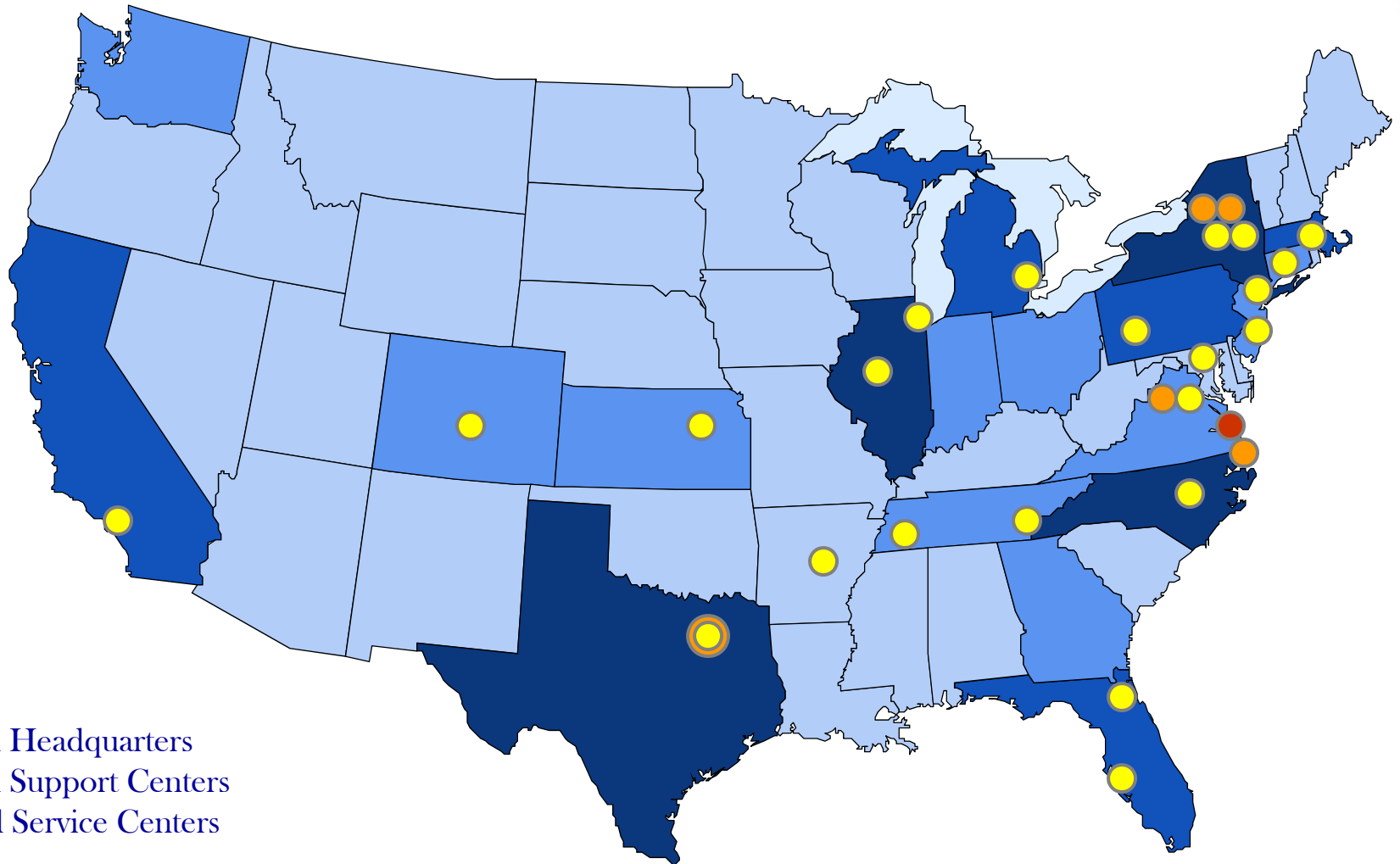
- Founded in 1983.
- Committed to principles of recovery and resiliency.
- Diverse client base – covering 32 million lives.
 - Commercial Division
 - Employer Groups.
 - Health Plans.
 - Federal Division
 - Public Sector Division.

Our Mission

The mission, vision, and values of ValueOptions® are the foundation of how we serve our clients, providers, and consumers, of how we treat each other and operate as a company.

These statements support our belief that good health starts with emotional well-being and that, by embracing them, we can help people live their lives to the fullest.

ValueOptions Nationwide



Customer Service Philosophy

- ValueOptions Customer Service philosophy lies in our commitment to provide our members and providers with the most accurate and informed benefit, eligibility, claims, and certification information in the most effective, efficient, and compassionate manner.
- ValueOptions puts our members' needs and concerns first and is committed to resolving inquiries promptly without the need to make a re-contact.
- We value our members' questions and concerns and place member satisfaction at the heart of our Customer Service philosophy.

California Service Center

- Located in Cypress, California
- Opened in 1988 – 100 employees in:
 - Account Management
 - Clinical Operations
 - Data Management
 - Finance
 - Health & Performance Solutions
 - Human Resources
 - Office Services/IT
 - Provider Relations
 - Quality Management
 - VOC Compliance
- Serves 35 employer and health plan accounts covering over 2 million EAP and MHSA lives
- Average years of experience
 - Management Team: 10 years
 - Clinical Team: 12 years
- DMHC Knox-Keene licensed since 1990
- URAC Accredited!



Key Client - Pacific Gas & Electric (PG&E)

- Pacific Gas & Electric (PG&E)
- 20 years providing Mental Health and EAP services
- Collaborative interface with PG&E internal EAP staff
- Dedicated Account and Case Management team
- Client dedicated access line available 24 hours per day/7 days per week **(800) 562-3588**

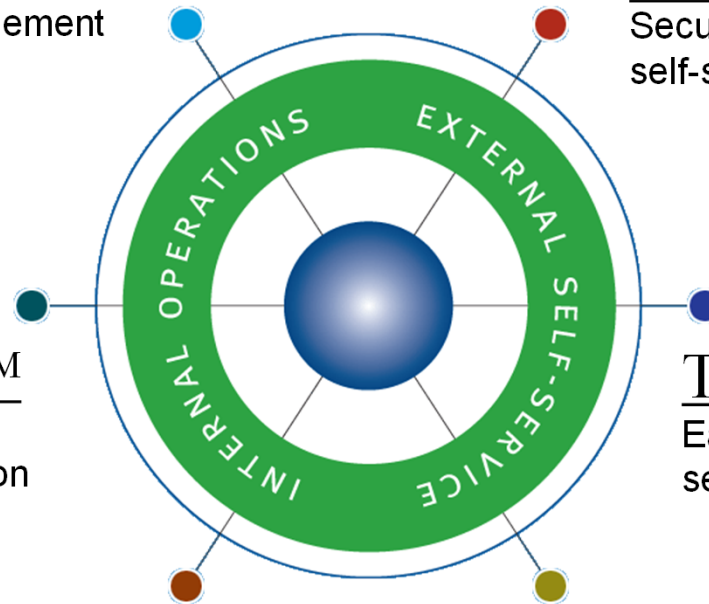
ValueOptions Connect System

NETWORKCONNECTSM

Robust network management and provider relations

PROVIDERCONNECTSM

Secure, online administrative self-service for providers



CARECONNECTSM

Superior clinical case management and data collection

TELECONNECTSM

Easy-to-access telephonic self-service for providers and members

SERVICECONNECTSM

Industry-best customer service and issue resolution

MEMBERCONNECTSM

Online self-service and award-winning content for members

Overview of Operational Areas



Customer Service

<u>Clinical Customer Service</u> <i>Provides the following services to Members and Providers as the front end to the Clinical Department:</i>	<u>Claims Customer Service</u> <i>Provides the following services to both Members and Providers:</i>
<ul style="list-style-type: none">- Responds to routine eligibility questions- Responds to requests for authorizations- Responds to referral requests- Education assistance	<ul style="list-style-type: none">- Responds to routine claims, benefits and eligibility questions via telephone, correspondence and web inquiries- Facilitates the resolution of complex claims issues via telephone, correspondence and web inquiries- Responds to all Administrative Complaints and Appeals via a dedicated Appeal and Complaint Unit- Provides dedicated Liaisons to investigate and resolve complex client and provider issues

Clinical Referral Assistance

- Licensed care management staff is available 24 hours a day/seven days a week for referral and utilization management.
 - Member referral process:
 - Emergencies are followed until disposition.
 - Urgent referrals are offered appointments within 48 hours and are called to ensure appointment is kept.
 - Providers can contact ValueOptions for referral assistance if needed.
 - Providers should contact ValueOptions 24 hours a day/seven (7) days a week if members require higher level of care or increased visit frequency.
 - Care Management staff will assist with referral to inpatient or specialty programs.

ValueOptions Quality Management

- Quality Management Program Oversight is provided by Medical Director.
- Key Quality Indicators include but are not limited to:
 - Satisfaction Survey measures.
 - Access and Availability of Services – geographic access; phone statistics; appointment availability; etc.
 - Complaints and Grievances tracking and reporting.
 - Patient Safety – (adverse incidents and quality of care).
 - Coordination of Care.
 - Quality Improvement Activities/Projects.
 - Compliance with URAC Standards.
 - Compliance with NCQA Standards.



ValueOptions National Network Services

- **Provider Relations**

- Ensuring that members' behavioral health care needs are met through a geographically and clinically robust network whose providers are readily available;
- Ensuring the maintenance of network composition by engaging in assertive retention strategies;
- Engaging in timely and appropriate recruitment;
- Engaging in professional, consistent, and educative communications with our provider community and staff.

- **Provider Credentialing**

- Completion of Credentialing Application required for network participation.

ABA Service Implementation

Naomi Tarlton, Ph.D.

Qualified Autism Service (QAS) Professionals

- **QAS Provider:** BCBA-D, BCBA, SLP, LMHP with specialization
DUTIES: Designs, Supervises, or Provides Treatment.
- **QAS Professional:** BCBA, BCaBA
DUTIES: Provides Treatment, Assessment, Supervision
- **QAS Paraprofessional:** (HS Diploma, BA)
DUTIES: Direct Intervention

Qualified Autism Services

- Effective, January 1, 2012, ValueOptions, began covering applied behavior analysis (ABA) for all PG&E employees, eligible dependents and retirees.
- Covered diagnoses include Autism, developmental brain disorders known as Pervasive Developmental Disorders (PDD).
- Other covered pervasive developmental disorders not otherwise s include:

Asperger Syndrome

Rett Syndrome

Childhood Disintegrative Disorder.

*These diagnoses along with a diagnosis of being “at risk” of Autism or PDD will be covered.

Covered Diagnoses

- Autistic Disorder 299.0
- Atypical Autism 299.10
- Childhood Disintegrative Disorder 299.10
- Asperger's Disorder 299.80
- Rett's Disorder 299.80
- Pervasive Development Disorder not otherwise specified (PPD- NOS) 299.80
- Pervasive Development Disorder 299.80
- “At Risk” of Autism or PDD

Covered ABA Codes

Billing Code	Billing Code Description
H0032	Mental health service plan development
H0031	Mental health assessment
G9012	Other specified case management services not elsewhere classified (case consultation with larger care team)
S5108	Home care training to home care client (supervision of direct care provider - Higher Level Supervisor), 15 min
S5110	Home care training , family, 15 min
H2019	Therapeutic Behavioral Services (direct care), 15 min
H2014	Skills training and Development (Social skills group), 15 min

Clinical Operations & Referral

Naomi Tarlton, Ph.D.



Assessment and Referral

- A Customer Services Representative will review benefits, eligibility and transfer the caller to a Licensed Care Manager
- The Care Manager conducts a clinical assessment, including assessing for any high risk and provides a referral for ABA services
- The Care Manager continues to work with the family/member to confirm the referral was successful and that member has an appointment for an assessment
- Once the member is assessed the care manager coordinates with the ABA program to obtain the treatment plan request and clinical information. The request is reviewed for medical necessity



Applied Behavioral Analysis Treatment

Requested Start Date for this Authorization ___/___/___

Initial Request Concurrent Request

Patient Name: _____

Date of Birth: _____ Age: _____ M F

Address (City/State only): _____

Tel #: _____ Patient's Insurance ID#: _____

Patient's Employer/Benefit Plan: _____

Provider/Supervisor Name: _____

License _____ Certification # (if applicable) _____

Name of Program/Clinic (if applicable): _____

VO Provider ID # (if known): _____ Tel # _____

Service Address: _____

City/State/Zip: _____

Independently licensed provider in State where treating patient? Yes No

ABA Provider Certification BCBA® BCABA® State certification

ID #: _____ Check Which: SSN Tax ID NPI

Additional Care Team Names (use additional sheets as necessary):

• Paraprofessional / Tutor: _____

Attestation of qualifications by supervisor

• Paraprofessional / Tutor: _____

Attestation of qualifications by supervisor

• Consultant: _____

VO Provider ID # (if known): _____ Tel # _____

Service Address: _____

City/State/Zip: _____

Independently licensed provider in State? Yes No

ABA Provider Certification — BCBA BCABA State certification

ID #: _____ Check Which: SSN Tax ID NPI

Diagnosis:

Axis I: 1. _____ 2. _____

Axis II: 1. _____ 2. _____

Current Impairments: (Please select/circle one value for each type
1=mild/mildly incapacitating; 2=moderate/moderately incapacitating;
ing; na=not assessed.

- Danger to Self
- Danger to Others
- Communication
- Social Interactions
- Restrictive, Repetitive, Stereotypical patterns of behaviors
- Mood Disturbance (Depression or Mania)
- Anxiety
- Psychosis/Hallucinations/Dehusions
- Thinking/Cognition/Memory/Concentration Problems
- Impulsive/Reckless/Aggressive Behavior
- Activities of Daily Living Problems
- Weight Change Associated with a Behavioral Diagnosis
- Medical/Physical Condition
- Substance Abuse/Dependence
- Job/School Performance Problems
- Legal Problems

Please indicate type(s) of service provided by care team in next 6 mo

- Therapeutic BH Service H2019 _____ hrs per day,
- MH Service Plan Development H0032 _____ hrs per 6 mo
- MH Assessment / Re-assessment H0021 _____ hrs per 6 mo
- Team Conference G9012 _____ hrs per 6 mo
- Home Care Training w client S5108 _____ hrs per 6 mo
- Home Care Training w family S5110 _____ hrs per 6 mo
- Other _____ frequency: _____

Please indicate type(s) of service provided BY OTHERS (select all that apply)

- Medication Management Indiv. Psychotherapy
- Group Therapy Community Program(s)
- Occupational Therapy Physical Therapy
- _____ _____

I am coordinating this patient's case with other providers as appropriate

- Behavioral Y N NA
- Medical Y N NA
- Community Services Y N NA
- Regional/State Program Y N NA
- Educational Program Y N NA



Requested Start Date for this Authorization ___/___/___

Initial Request Concurrent Request

Patient Name: _____

Date of Birth: _____ Age: _____ M F

Address (City/State only): _____

Tel #: _____ Patient's Insurance ID#: _____

Patient's Employer/Benefit Plan: _____

Provider/Supervisor Name: _____

License _____ Certification # (if applicable) _____

Name of Program/Clinic (if applicable): _____

VO Provider ID # (if known): _____ Tel # _____

Service Address: _____

City/State/Zip: _____

Independently licensed provider in State where treating patient? Yes No

ABA Provider Certification — BCBA BCABA State certification

ID #: _____ Check Which: SSN Tax ID NPI

Additional Care Team Names (use additional sheets as necessary):

• Paraprofessional / Tutor: _____

Attestation of qualifications by supervisor

• Paraprofessional / Tutor: _____

Attestation of qualifications by supervisor

• Consultant : _____

VO Provider ID # (if known): _____ Tel # _____

Service Address: _____

City/State/Zip: _____

Independently licensed provider in State ? Yes No

ABA Provider Certification: BCBA® BCABA® State certification

ID #: _____ Check Which: SSN Tax ID NPI

Diagnosis:

Axis I: 1. _____ 2. _____

Axis II: 1. _____ 2. _____

Applied Behavioral Analysis Treatment

Current Impairments: (Please select/circle one value for each type & include status at both Initial and Present/Concurrent). Scale: 0= 2=moderate/moderately incapacitating; 3=severe or severely incapacitating

- Danger to Self
- Danger to Others
- Communication
- Social Interactions
- Restrictive, Repetitive, Stereotypical patterns of behaviors
- Mood Disturbance (Depression or Mania)
- Anxiety
- Psychosis/Hallucinations/Delusions
- Thinking/Cognition/Memory/Concentration Problems
- Impulsive/Reckless/Aggressive Behavior
- Activities of Daily Living Problems
- Weight Change Associated with a Behavioral Diagnosis
- Medical/Physical Condition
- Substance Abuse/Dependence
- Job/School Performance Problems
- Legal Problems

Please indicate type(s) of service provided by care team in next 6 mo

- Therapeutic BH Service H2019 _____ hrs per day,
- MH Service Plan Development H0032 _____ hrs per 6 mo
- MH Assessment / Re-assessment H0021 _____ hrs per 6 mo
- Team Conference G9012 _____ hrs per 6 mo
- Home Care Training w client S5108 _____ hrs per 6 mo
- Home Care Training w family S5110 _____ hrs per 6 mo
- Other _____ frequency: _____

Please indicate type(s) of service provided BY OTHERS (select all th

- Medication Management Indiv. Psychotherapy
- Group Therapy Community Program(s)
- Occupational Therapy Physical Therapy
- _____ _____

I am coordinating this patient's case with other providers as app

- Behavioral Y N NA
- Medical Y N NA
- Community Services Y N NA
- Regional/State Program Y N NA
- Educational Program Y N NA

Current Medications including Psychotropic - Dosage Frequency

Administrative Operations & Workflows

Billing and Claims Submission

- Claims should be submitted using a standard CMS 1500 claim form
- ABA covered services should be billed directly to ValueOptions at:

ValueOptions®

P.O. Box 1290

Latham, NY 12110

- For general information regarding eligibility and benefit verifications, pre-certification requests, and claim inquiries please contact the dedicated PG&E telephone line .

(800)-562-3588

Credentialing and Re-credentialing Process

- ValueOptions' credentialing processes is designed to comply with national accreditation standards to which ValueOptions is or may be subject, as well as applicable state and/or federal laws, rules and regulations.
- Initial credentialing processes begin with submission of completed and signed applications, along with all required supporting documentation.
- Re-credentialing for *participating providers* is required every three (3) years, or such shorter period of time where required by a specific state law or regulation. The process for re-credentialing begins approximately six (6) months prior to the end of the initial credentialing cycle or the preceding re-credentialing cycle, as applicable.
- Questions about credentialing should be directed to our National Provider Line at **(800) 397-1630**.

ValueOptions' *website* (www.ValueOptions.com)

- ValueOptions' *website* contains information about ValueOptions and its business.
- Offers links to information and documents important to *providers* are located here at the 'Provider' section.
- Access to ProviderConnect
- ProviderConnect is a secure, password protected site where *participating providers* may conduct certain on-line activities with ValueOptions directly twenty four (24) hours a day, seven (7) days a week (excluding scheduled maintenance and unforeseen systems issues).

ValueOptions Dedicated PG&E Contacts

Administrative Contacts

- Leanne M. Mulford, Clinical Call Center Administrative Director
 - leanne.mulford@valueoptions.com
- Michelle White, Director of Provider Relations
 - michelle.white@valueoptions.com
- Josh Arguello, Provider Relations Representative
 - josh.arguello@valueoptions.com
- Aimee Contreras, Provider Relations Representative
 - aimee.contreras@valueoptions.com

Clinical Contacts

- Naomi Tarlton, PhD, Clinical Director
 - naomi.tarlton@valueoptions.com
- Cheryl Berry, LCSW, MFT, Clinical Manager
 - cheryl.berry@valueoptions.com
- Sanjay Vaswani, M.D., CMQ, Medical Director
 - sanjay.vaswani@valueoptions.com
- Marty Waters, LCSW, VP Chief Clinical Development
 - martin.waters@valueoptions.com

Questions & Answers

Thank You

