

Provider eNews

CLINICAL PRACTICE GUIDELINES

ValueOptions® clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. The clinical guidelines incorporate content from clinicians who considered specialists in their respective fields, as well as feedback from practitioners in the community.



ValueOptions has adopted our clinical practice guidelines from the American Psychiatric Association for:

- Bipolar disorder
- Eating disorders
- Major depression
- Panic disorder
- Schizophrenia
- Stress and post-traumatic stress disorder
- Substance abuse disorders
- Assessing and treating suicidal behaviors

ValueOptions has adopted our Attention Deficit Hyperactivity Disorder (ADHD) guidelines from the American Academy of Child and Adolescent Psychiatry, Generalized Anxiety Disorder from the Canadian Psychiatric Association, and Suboxone Treatment and Opioid-Related Disorders from the Substance Abuse and Mental Health Services Administration (SAMHSA).

ValueOptions has developed clinical practice guidelines for Co-occurring Related Disorders and Autism Spectrum Disorders. These guidelines are compilations of best-practice information based on a national review including journal articles, outcomes research, provider advisory feedback, and related practice guidelines (sources attached to each guideline). Practice guidelines are available on the ValueOptions website:

<http://www.valueoptions.com/providers/Handbook.htm>

If you would prefer a paper copy of any ValueOptions clinical practice guidelines, please call **800.397.1630**.

Copies of the APA guidelines can be downloaded from:

http://www.psych.org/MainMenu/PsychiatricPractice/PracticeGuidelines_1.aspx

Please call APA customer service line if you do not have Web access at: **800.368.5777**.

Copies of the AACAP guideline on ADHD can be downloaded from:

<http://www.aacap.org/page.wv?section=Practice+Parameters&name=Practice+Parameters>

Please call **202.966.7300, x137** if you do not have Internet access.

APPOINTMENT WAIT TIME STANDARDS

ValueOptions has established standards for participating practitioners and providers to ensure that our members can obtain the care they need within a reasonable time frame.

Emergencies (life-threatening)

The member must be offered the opportunity to be seen immediately.

Non-life-threatening emergencies

The member must be offered an appointment within six hours of request.

Urgent

The member must be offered an appointment within 48 hours of request.

Routine

The member must be offered an appointment within 10 business days of request.

It is important that all practitioners adhere to the standards. If you are not able to meet the access standards, you should refer the patient to the Clinical Referral Line where ValueOptions staff can offer more options.

CONFIDENTIALITY

ValueOptions has written policies regarding protected health information (PHI). These policies address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI and the accounting process for disclosures, as well as internal/external protection of oral, written and electronic information across the organization.

To view the ValueOptions Privacy Statement follow this link:

www.valueoptions.com/providers/ProPrivacy.htm

MEMBER RIGHTS & RESPONSIBILITIES

ValueOptions is committed to respecting our enrollees' rights and responsibilities

Enrollees have a right to:

- ⇒ Receive information about the organization, services, practitioners and providers, and the enrollees' rights and responsibilities.
- ⇒ Be treated with respect and recognition of their dignity and right to privacy.
- ⇒ Participate with practitioners in making decisions about their health care.
- ⇒ A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- ⇒ Voice complaints or appeals about the organization or the care it provides.
- ⇒ Make recommendations regarding the organization's enrollees' rights and responsibilities policies.

Enrollees have a responsibility to:

- ⇒ Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- ⇒ Follow plans and instructions for care that they have agreed on with their practitioners.
- ⇒ Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

To print the ValueOptions members rights and responsibilities follow this link:

<http://www.valueoptions.com/providers/Handbook.htm>

LEARN MORE ABOUT THE UTILIZATION MANAGEMENT PROGRAM

ValueOptions strives to enhance the well-being of the people we serve. We see ourselves as an integral part of the communities in which we provide service and understand that many factors impact the state of a person's health. To best serve a given population and ensure the relevant design of appropriate programs and services, we seek to learn from, and work with, individuals in those communities. In managing the behavioral health benefits of millions of people, we are acutely aware of our responsibility to afford each individual every opportunity to achieve optimal outcomes.

ValueOptions is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well-being of the members. We are very committed to supporting individuals in becoming responsible participants in their treatment.

Decisions:

Utilization management clinicians are appropriately licensed behavioral health care professionals who work cooperatively with practitioners and provider agencies to ensure member needs are met. Providers and practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

Criteria:

ValueOptions utilizes internally developed behavioral health clinical criteria. Criteria is assessed, and if necessary, revised annually, and in some cases more often, by the ValueOptions' Corporate Executive Medical Management Committee. The criteria are available for review in the provider handbook www.ValueOptions.com/providers/Handbook.htm.

ValueOptions follows the criteria developed by the American Society of Addiction Medicine (ASAM) for treating adult and children/adolescent issues with substance abuse. If you do not already have a copy of the ASAM criteria, you can order it by going to the following website: www.asam.org/PatientPlacementCriteria.html or call ASAM at **800.844.8948**.

If you are in need of a provider handbook, or would prefer the handbook on CD, please call the ValueOptions Provider Relations department.

Financial Incentives:

ValueOptions does not provide rewards or incentives, either financially or otherwise, to any of the individuals involved in conducting utilization review, for issuing denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientific-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

THE CHANGING BEHAVIORAL HEALTH LANDSCAPE

Advances in statistics and information technology in the behavioral health care field have resulted in the development of effective tools that therapists can use in their practice to evaluate the effectiveness of treatment and quantify outcomes. The data from randomized clinical trials are clearly positive: routinely using standardized feedback to measure progress and outcome of treatment cuts dropout rates and significantly improves outcomes.

If you have not already done so, now is the time to register for the ValueOptions' On Track outcomes program. By participating in this program, you will be able to measure your clients' progress using the Client Feedback Form (CFF). The CFF makes it possible for clinicians to monitor change during the course of treatment in comparison to normative benchmarks.

Participating in the On *Track* program will help you:

- ⇒ easily monitor treatment effectiveness
- ⇒ receive rapid feedback
- ⇒ track your client progress
- ⇒ monitor critical items with at-risk clients

Learning More about *On Track*

For more information, visit:

<http://www.valueoptions.com/providers/News/OnTrack.htm>.

On *Track* Introductory webinars are offered every month.

The toll-free number is 877.785.0477; Access code 6417542.

⇒ January 17, 2012 11-12 PM EST; Webinar ID: 448-694-538

⇒ February 21, 2012 2-3 PM EST; Webinar ID: 798-826-690

ARE YOU USING PAYSPAN HEALTH?

ValueOptions partners with PaySpan Health, a multi-payer adjudicated claims settlement service that delivers electronic payments and electronic remittance advice based on your provider preferences. With PaySpan Health, providers stay in control of bank accounts, file formats, and accounting processes. You can access PaySpan by going to the following website:

www.payspanhealth.com

If you use a Mac, try using Firefox as your browser. If you need to download Firefox please go to:

<http://www.mozilla.com/en-US/firefox/ie.html>

UPDATED HIPAA 5010 INFORMATION

The Centers for Medicare & Medicaid Services (CMS) announced their delay in enforcing 5010 standards until March 31, 2012 as long as each covered entity makes a good faith effort to become compliant.

If needed, this delay in enforcement will allow ValueOptions to extend their 5010 testing period with trading partners beyond the original January 1, 2012 compliance date. ValueOptions will begin to accept 5010 files from trading partners ready for 5010 submission on January 1, 2012.

For additional information, please access the ValueOptions' HIPAA 5010 Frequently Asked Questions (FAQ) document.

http://www.valueoptions.com/providers/Files/pdfs/HIPAA_5010_FAQ.pdf

EMBLEMHEALTH BEHAVIORAL HEALTH SERVICES CONTRACT AWARD EFFECTIVE JANUARY 1, 2012

On January 1, 2012 ValueOptions' contract with EmblemHealth to administer the Emblem Behavioral Health Services Programs to plan members in products underwritten by HIP or GHI HMO became effective.

Provider agreements that were sent out earlier this year should be returned to ValueOptions to ensure completion of the credentialing and contracting processes. If you have not already received your Welcome Packet, and are concerned about your participation status, contact the Provider Service Line at 800.235.3149.

Emblem Behavioral Health Services Program members who are in active treatment may elect to continue treatment for a period of 90 days with a provider who has declined network participation or has not completed the contracting process with ValueOptions. If a patient chooses to remain under the care of a provider who has declined network participation after the transitional 90-day period, services will not be covered as in-network and the patient may be responsible for all or a portion of the provider's charges, depending on the plan.

If you were delivering routine outpatient mental health and substance abuse services prior to January 1, 2012, no authorization is required to deliver continued care during the 90-day transitional period. For all other behavioral health services, you can obtain prior authorization to deliver continuing care starting January 1, 2012 by contacting the Emblem Behavioral Health Services Program at 888.447.2526.

If you have any further questions or need any assistance with the contract documents, please contact ValueOptions at 800.235.3149 between 8 a.m. - 5 p.m. ET, Monday through Friday. A Provider Network Representative will be available to assist you with any questions. We look forward to working with you!

VALUEOPTIONS AND MILITARY ONESOURCE

ValueOptions is pleased to have been chosen by the Department of Defense for the Military OneSource (MOS) program, providing non-medical counseling related to everyday life issues for our military men and women and their dependents, which began October 30, 2011. There are few communities today that have not been directly impacted by the current demands of our military. Many times, the impact goes unnoticed or unaddressed. As a long-time supporter of military members and their families, ValueOptions is committed to partnering with our provider network in serving this population. We are proud to assist the military members and their families with the challenges and life stressors associated with deployment and re-entry issues. Our provider network is integral to this effort.

As a result, ValueOptions is inviting our current providers to join the MOS Network and partner with us to provide this critical support for U.S. military members and their dependents. This non-medical counseling program closely parallels the counseling we offer for our EAP clients. Many of you may have received communication from ValueOptions via e-mail, fax or USPS inviting you to join our MOS network. In order to participate in this important program, you must return the documents that were sent to you and complete the trainings required.

For more information, visit: http://www.valueoptions.com/providers/Network/Military_OneSource.htm and review the Frequently Asked Questions document. If you know of other providers that are qualified in this area, please refer them to contact us at: mosproviderrelations@valueoptions.com

IMPORTANT DOCUMENT CHANGES - ORF 1 & ORF 2

The ORF 1 and ORF 2 will no longer be accepted after December 31, 2011. Beginning January 1, 2012, please use the Outpatient Review Document.

The Outpatient Review can be found on the ValueOptions website at:
<http://www.valueoptions.com/providers/Clinforms.htm>

IMPORTANT-REGIONAL PROVIDER E-MAIL ADDRESS CHANGES

The ValueOptions Provider Relations Department changed the regional e-mail addresses that providers use to ask general questions for assistance.

Go to <http://www.valueoptions.com/providers/ProRegOffices.htm> to see if the regional e-mail address that you have used in the past has changed.

VALUEOPTIONS NEEDS YOUR HELP!

SEND E-MAIL ADDRESS, FAX NUMBER & PHONE NUMBER UPDATES

Have you recently changed your e-mail address, fax number or telephone number? It is very important that ValueOptions is notified when your contact information has changed. We send our communications to providers using all of these contact methods. If we do not have your most recent e-mail address, fax number or telephone number, you may miss an important update.

- ⇒ To update your e-mail address, go to "My Online Registration Profile" in ProviderConnect®
- ⇒ To update your mailing address, telephone number or fax number you can:
 - ⇒ Send an inquiry through ProviderConnect
 - ⇒ Call our Provider Services Line at 800.397.1630

VALUEOPTIONS INTRODUCES PROVIDER PULSESM

ValueOptions introduces Provider Pulse, a convenient, up-to-the-minute ValueOptions provider network news system designed to enhance communication with network providers. The technology sends automated telephonic messages to provider phone numbers. Provider Pulse alerts providers about upcoming events, training opportunities and credentialing reminders. With Provider Pulse, ValueOptions enhances the ability to keep our provider community informed.

Providers should have already received Provider Pulse messages regarding Federal Mental Health Parity and re-credentialing application reminders. Stay tuned for additional Provider Pulse messages throughout 2012.

IMPORTANT ONLINE RE-CREDENTIALING INFORMATION REGARDING SUPPORTING DOCUMENTATION

As of December 2011, you will see a new "Supporting Documentation" tab within your online recredentialing application (Provider Data Sheet). Specific contracts may require additional documentation to complete the recredentialing process. Please go to our website and check the **Credentialing Supporting Documentation Forms** section on the Administrative Forms page to access any applicable contract specific documents to print, complete and then upload to this page to submit.

When uploading any supporting documentation (e.g., contract-specific documents, copies of licenses, certifications, and malpractice insurance) within your online re-credentialing application please be aware that we accept PDF files (preferred format), Microsoft Office files, Image files and text files. We are not able to accept TIF files.

Failure to upload documents in an acceptable format can result in processing delays and possible disenrollment. If you do not have this online capability, you may fax your document(s) to **866.612.7795**.

ONLINE RE-CREDENTIALING APPLICATION NOW ON PROVIDERCONNECT

The ValueOptions GreenSM Program has now expanded to include online re-credentialing. We are pleased to provide you with an option to review and submit your re-credentialing information online via ProviderConnect.

In accordance with the credentialing standards of the National Committee for Quality Assurance (NCQA), it is the policy of ValueOptions to re-credential providers on a tri-annual basis. Several months prior to your re-credentialing due date, you will receive a Provider PulseSM call from ValueOptions notifying you that your re-credentialing application is available for your review and submission. To access your re-credentialing application online, log into ProviderConnect using your ProviderConnect User ID and password at: <http://www.valueoptions.com/providers/Providers.htm>.

For information on using ProviderConnect, please refer to the ProviderConnect Users Guide. It is available by clicking on the ProviderConnect Helpful Resources link on the ValueOptions provider homepage. Once you have logged into ProviderConnect, select **Provider Data Sheet** on the left-hand menu, review all of the information and make any necessary changes. After you have completed the entire application, including the Provider Profile questions, please electronically sign the attestation. When electronically signing, the application will be automatically submitted for review by the credentialing staff at ValueOptions. If you choose to print and fax the Attestation/Participation Statement page, you will be prompted to automatically submit your application once you select the checkbox for "...intend to fax..." and Save. **Please Note:** If you choose to continue editing the application, you must click on **Submit** on the top of the application to successfully complete and submit your online application.

If you do not wish to access your application via ProviderConnect or if you have any questions regarding the on-line re-credentialing process, please contact the National Provider Line at 800.397.1630 between 8 a.m. to 5 p.m. Eastern Time, Monday through Friday, to request a copy be faxed or mailed to you. **It is important that you complete your re-credentialing application within 30 days of notification to avoid any interruption in your network participation status.**

NEW PROVIDERCONNECT PASSWORD REQUIREMENTS

ValueOptions is very committed to maintaining the security and confidentiality of our member's information. On December 10th, 2011, we upgraded the password security function within the provider portal, ProviderConnect, to further protect the information made available to you via the internet. This new enhancement requires that providers create a more complex password, as described below.

The enhancements to ProviderConnect password security are as follows:

1. Passwords will be case sensitive and will need to be between 8 and 20 characters in length.
2. Your password will need to include all of the following:
 - a. At least one number,
 - b. At least one upper case letter,
 - c. At least one lower case letter, and
 - d. At least one of the following special characters (! # \$ ~).
3. Passwords may not contain spaces.
4. You must change your password every 90 days. The ProviderConnect application will prompt you to change your password once it has expired.
5. ProviderConnect will not allow you to reuse any of your last 10 passwords.
6. ProviderConnect will disable your account after four unsuccessful login attempts within a ten minute timeframe. Should your account become disabled, you will not be granted access to your ProviderConnect account for a period of ten minutes. After the ten minutes has lapsed, you may login to ProviderConnect with your correct password.

Your new password will be required 90 days from the last time you logged onto ProviderConnect prior to December 10, 2011. If you are a frequent user of ProviderConnect, while you will not be required to immediately change your password, we recommend that you do so proactively. If you are not a frequent user of ProviderConnect, please log into your account and review your on-line profile. Please ensure that your contact information and email address are up to date, as this information is necessary for verification purposes should you need technical assistance.

For more detailed information on how to update your ProviderConnect on-line profile, including changes to your password, please consult page 102 of the ProviderConnect User Guide:

http://www.valueoptions.com/providers/ProviderConnect/ProviderConnect_External_Users_Guide3.pdf

EAP PROVIDERS - HOW TO SUBMIT THE CAF IN PROVIDERCONNECT

Network providers authorized to perform EAP Services can now submit their one-page version of the CAF-1 / billing forms via ProviderConnect. This enhancement reduces the time it takes to submit these forms as providers no longer have to fill out the paper version of the CAF by hand and will no longer have to fax the form.

The steps for submitting the CAF via ProviderConnect:

- ⇒ Log into ProviderConnect with your User ID and Password
 - If you have not already registered for ProviderConnect please register by going to www.ValueOptions.com
 - Read the User Agreement page, and if you agree, select the "yes" button
- ⇒ On your ProviderConnect homepage select "Review an Authorization"
- ⇒ Enter the member ID, authorization number and/or authorization dates on the "Search Authorizations" screen and select "search"
- ⇒ On the "Authorizations Search Results" page click on the blue authorization number hyperlink that corresponds with the services provided; this will bring you to the "Authorization Summary" page
- ⇒ Select "Auth Details" tab at the top of the "Auth Summary" page
- ⇒ Select the "Enter EAP CAF" button to start the CAF entry process

The screenshot shows the 'Auth Details' page in ProviderConnect. The 'Auth Details' tab is highlighted in red. The page displays the following information:

Authorization Header

- Member ID: [987654321](#)
- Member Name: **ASLAN SUSAN**
- Authorization #: **01-011410-40-43**
- Client Auth #: **0003541789**
- NPI # for Authorization: **N/A**
- Authorization Status: **O - Open**
- Authorization Letter(s): [\(click to view\)](#)

Buttons on the right side of the page include: [Return to search results](#), [Complete Discharge Review](#), and [Enter EAP CAF](#) (highlighted in red).

Service Lines

Line #	Submission Date	Service Code	Modifier Code	Service Class Descr.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	01/14/2010	N/A		EAP SERVICES	01/07/2010-07/07/2010	5/5	3	O - Open	N/A