

SEPTEMBER  
2012

# VALUED PROVIDER eNEWSLETTER

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## SEPTEMBER IS NATIONAL RECOVERY MONTH

### HELPING MEMBERS MANAGE STRESS IN EARLY RECOVERY

There is a clear relationship between stress and substance abuse. Prolonged stress is one of many risk factors associated with addiction. This is partly because mood-altering drugs are easily available. As well, our culture tends to promote "taking something" to help us calm down or relax. For those in recovery from addictive disease, issues such as divorce or conflicts at home or work are often associated with increased stress and relapse. It is important to be aware of your overall stress level, but also to become aware of those stressors that are unique to you.

#### Suggestions for coping with stress

While everyone faces stress, it is important for those in recovery to find new ways to cope with it. If not, the risk of relapse is very high. Here are some suggestions:

- **Manage your time.** One of the greatest sources of stress is over-commitment or poor time management. Develop healthy routines. Make a reasonable schedule for yourself and include time for 12-step meetings and other activities related to your recovery. Add some margin for days when everything goes awry.
- **Connect with the right people.** Being by yourself is OK for short periods of time but early recovery requires that you attain a 12-step sponsor and meet regularly with people who care about you and support your recovery. Likewise, you will need to create some distance between you and those who do not fully support your recovery. Some of these people may be friends or co-workers who care about you, but don't understand your addiction or why you must make some drastic changes in your life.
- **Talk it out.** Bottled-up emotions increase frustration and stress. Share your feelings with your sponsor, pastor, rabbi, supportive friends and family members. If necessary, seek professional help.
- **Get physical.** Physical activity plays a key role in both reducing and preventing stress. Physical activity can relieve tension, relax you and energize you. Find something you enjoy and make regular time for it. Running, walking, weight lifting, swimming, playing tennis and playing golf are all good options if you are fit enough for exercise. Talk with your doctor about any health concerns you have before starting an exercise program.
- **Eat well; sleep well.** Well-rested and well-nourished bodies are better prepared to cope with stress. Like a car running low on gas, if you are running on fumes from lack of sleep or are not eating right, you will be less able to go the distance when dealing with stressful situations. Alcoholics Anonymous uses the acronym HALT to remind those in recovery that they should try to avoid becoming too: hungry, angry, lonely, or tired. These factors have been shown to increase the risk of relapse. Also avoid consuming too much caffeine and sugar.

By Drew Edwards, EdD, MS © 2008 Achieve Solutions Achieve Solutions® is a ValueOptions® website.

## MOS DOCUMENTATION & RECORD KEEPING

Some of you may have received a phone call from a Military OneSource licensed clinician to discuss a Military OneSource client's progress in non-medical counseling. These calls are part of our regular Clinical Quality Assurance review process. A primary reason for calling is to consult with you, our Military OneSource partners, to ensure that Military OneSource members are, and continue to be, "within scope" for non-medical counseling services. In most cases, these discussions confirm the appropriateness of non-medical counseling and client progress as counseling continues. In some instances, there may be a determination that the client's issues are outside the scope of non-medical counseling, and the MOS member is referred to appropriate behavioral health resources. Every month we randomly select a number of cases for clinical documentation audit. This involves a detailed review of the Case Activity Form (CAF).

Military OneSource relies on providers to conduct a thorough assessment of MOS clients. Our contract with the Department of Defense (DoD) requires that ValueOptions maintains documentation of the assessment as well as of progress in counseling in our electronic case management system.

It is critical that **all** relevant items on the CAF form be addressed and completed. This is especially important for the "Risk and Functional Assessment" section. Over the past several months, we have observed a trend in omission of documentation in three categories:

- Substance Abuse/Dependence
- Job/School Performance
- Support Systems

It is also important for Military OneSource to have documentation of the following items:

1. In the first session, please obtain complete histories of your clients' and provide documentation on the CAF for the following sections:
  - EAP/Psychiatric History Assessed
  - Substance Abuse Treatment History Assessed
  - Strength Skills, Aptitude and Interests Assessed
  - Supports Assessed
2. When terminating or concluding counseling, please note any referrals you recommend to your clients in the Case Closing section of the CAF. Moreover, please document if no referrals were made.
3. Before submitting any CAF, please check to make sure that **all required and relevant items** have been checked or otherwise documented.

To access additional information and tips for MOS Providers, please visit the ValueOptions/MOS Provider page at:

[http://valueoptions.com/providers/Network/Military\\_OneSource.htm](http://valueoptions.com/providers/Network/Military_OneSource.htm)

We thank you for providing a valued service to our military families!

*"It is critical that **all** relevant items on the CAF or through the Provider Connect portal be addressed and completed."*



## MEDICATION RECONCILIATION

The Institute for Healthcare Improvement (IHI) defines medication reconciliation as the process of creating the most accurate list possible of all medications a patient is taking including: drug name, dosage, frequency, and route ; and, comparing that list against the physician's admission, transfer and/or discharge orders, with the goal of providing the correct medications to the patient at all transition points. Electronic prescribing and EHR allow greater ability to accurately reconcile medications.

More than 40% of medication errors are believed to result in reconciliation errors in transfers of care. It should be noted that 20% of these errors result in harm. Furthermore, outpatient records have been noted to have discrepancies in medication in 25-75% of the records.

JCAHO reports that 60% of medication errors are a result of communication failures. Contributing to this is poor self-management within the home, a lack of understanding, confusion, low health literacy, and cultural barriers.

### Medication Reconciliation includes:

- **drug name**
- **dosage**
- **frequency**
- **Route**

Important steps for the practitioner:

1. Encourage patients to maintain an accurate medication list and to bring this list with any updates to each appointment.
2. Assess and continue to monitor a patient's understanding/knowledge and compliance with medication.
3. Compare patient's list of current medications with the medications that you have prescribed. Reconcile medication lists at all transition points such as movement from one level of care to another or when seeing multiple physicians to manage care.
4. E-Prescribing programs can allow access of medications prescribed by other providers, comparing this with your information is an effective method of medication reconciliation. If you E-Prescribe, check for this feature.
5. If you are participating in an EHR incentive program, medication reconciliation is a recommended meaningful use. Contact your EHR vendor for implementation within your program.
6. Members enrolled in the ValueOptions Case Management Program will discuss medications with their case managers. If there are any questions related to the accuracy of the medication list or the patient understanding, the case manager will contact you regarding the need for medication reconciliation. Your direction related to medication is essential to providing the best service to your patient.

*"More than 40% of medication errors are believed to result in reconciliation errors in transfers of care. "*

## INTENSIVE CASE MANAGEMENT (ICM)

ValueOptions® offers Intensive Case Management Services for select members who meet high-risk criteria. This is a free, voluntary and confidential program that offers assistance in:

- Discharge Planning
- Assessment and integration of service for on-going needs
- Coordination with behavioral health services
- Collaboration with healthcare providers and care givers
- Assistance with medication education and monitoring
- Provide information about available benefits

In order to better serve our members we ask for permission to contact their providers so that additional information can be shared and treatment can be appropriately coordinated. Hospitals can help by assisting us with obtaining appropriate consents while in treatment and ensuring a discharge appointment is set within 7 days of discharge. We also wish to encourage providers and hospitals to contact the designated Intensive Case Manager in order to assist in a more collaborative approach to treatment planning and intervention to provide an overall holistic approach.

## REMINDER - CALIFORNIA PHYSICIANS

Effective June 27, 2010, a new regulation, mandated by Business and Professions Code section 138, went into effect requiring physicians in California to inform their patients that they are licensed by the Medical Board of California, and include the board's contact information. The information must read as follows.

### NOTICE TO CONSUMERS

**Medical doctors are licensed and regulated by the Medical Board of California  
(800) 633-2322  
[www.mbc.ca.gov](http://www.mbc.ca.gov)**

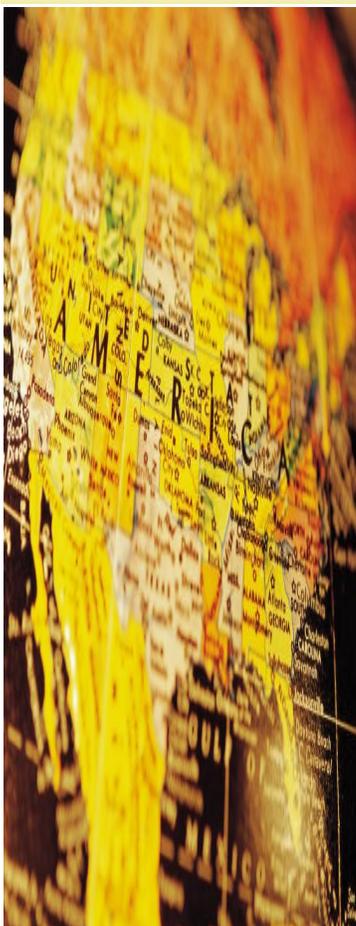
The purpose of this new requirement (Title 16, California Code of Regulations section 1355.4) is to inform consumers where to go for information or with a complaint about California medical doctors.

Physicians may provide this notice by one of three methods:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font. (See link "Sign for printing", below, to print the actual notice.)
- Including the notice in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician is licensed and regulated by the board.
- Including the notice in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

"ValueOptions offers Intensive Case Management Services for select members who meet high-risk criteria."





## MARYLAND OUTCOMES MEASUREMENT SYSTEM

The Maryland Mental Hygiene Administration (MHA) has created a web-based data reporting system available to the general public. This Outcomes Measurement System (OMS) Datamart is designed to track how individuals receiving outpatient mental health treatment services in Maryland's Public Mental Health System (PMHS) are doing over time in various life domains, including housing, employment/school, psychiatric symptoms, functioning, substance use, legal system involvement and general health.

The system was developed with the involvement of consumers, caregivers, providers and other PMHS stakeholders. Items for inclusion in the OMS were selected based on tested reliability and validity; feasibility of use; federal and state reporting requirements; indicators and instruments used by Maryland providers and in other states; development of specific questions when there were no appropriate instruments available; and feedback obtained and "lessons learned" during initial implementation.

Information for the OMS Datamart is gathered from individuals, ages 6 to 64, who are receiving outpatient mental health treatment services in the PMHS. OMS information is gathered through interviews conducted by the clinician with consumers or caregivers at the beginning of treatment and approximately every six months while receiving treatment. While the OMS tracks aggregate trends to inform continued mental health system development and improvement, design of the OMS questionnaires focused on their utility as tools for treatment planning as well. Data collection for the OMS was implemented statewide in September 2006; the questionnaires and system were revised in September 2009.

The Maryland MHA partnered with the University of Maryland Systems Evaluation Center (SEC) and ValueOptions, the administrative services organization for the PMHS, to develop and implement the OMS and the Datamart. Data submission is integrated into the ValueOptions electronic authorization system, and outpatient service authorization is contingent upon submission of the OMS questionnaire. To date, over half a million OMS questionnaires have been completed with consumers and/or caregivers, representing responses from an unduplicated count of 100,000 adults and 77,000 children and adolescents.

Datamart users are able to select a variety of analyses using this web-based reporting system, including filtering by time period (calendar year, fiscal year and rolling 12 months), geographic region (generally at the state and county levels) and consumer demographics (age, gender, race).

OMS data are analyzed, aggregated and then presented in two different ways: "Most Recent Interview Only" and "Initial Interview Compared to Most Recent Interview." "Most Recent Interview Only" presents aggregated responses from consumers' most recent OMS interviews during the period under analysis. For example, the results for the homelessness question will show the number and percentage of individuals who answered "Yes" and the number and percentage answering "No." "Initial Interview Compared to Most Recent Interview" presents aggregated comparisons of consumers' most recent interviews to their initial interviews. For example, the results for the homelessness question show the number and percentage of individuals who gained housing, who were not homeless at either interview, who were homeless at both interviews or who lost housing.

The MHA, SEC and ValueOptions have recently embarked on a series of stakeholder training activities for the OMS Datamart, including presentations, webinars, conference presentations and discussion forums. The OMS Datamart and OMS resources are available on the Maryland Mental Hygiene Administration website <http://dhmh.maryland.gov/mha>.

*"The Maryland MHA partnered with the University of Maryland Systems Evaluation Center (SEC) and ValueOptions, the administrative services organization for the PMHS, to develop and implement the OMS and the Datamart. "*

## NEW YORK STATE PARTICIPATING PROVIDERS - CHCS IPA, INC.

ValueOptions has included in its provider handbook a statement regarding claims processing for covered services submitted by New York participating providers contracted with CHCS IPA, Inc. The new language can be found in the Claims Processing section of the [Provider Handbook](#) on page 63.

The new language states:

*ValueOptions, when performing claims processing activities as a delegate of a New York Public Health Law Article 44 licensed managed care organization and as such acting as a management contractor to such managed care organization(s), has initial responsibility for determining payment of claims for covered services rendered to members that are submitted by participating providers contracted with CHCS IPA, Inc. Participating providers contracted with CHCS IPA, Inc. understand and agree that CHCS IPA, Inc. may act as agent for such participating providers with regard to the processing of claims by ValueOptions and further that CHCS IPA, Inc. has the authority to play an active role in resolving claims processing issues that participating providers contracted with CHCS IPA, Inc. may have with ValueOptions (acting as a management contractor for the above noted New York managed care organizations).*

## NEW YORK STATE IMPLEMENTS AMBULATORY PATIENT GROUPS (APG) REIMBURSEMENT

ValueOptions is complying with the New York State requirement to reimburse New York Public Health Law Article 28 and Article 31 licensed facilities for services provided to Medicaid members effective September 1, 2012.

Specific communications have been sent to effected facilities in the ValueOptions network. If you have not received a communication or have additional questions, please contact the Provider Service Line at 800.397.1630.

## WALGREENS

Walgreens has selected ValueOptions to provide Employee Assistance Program (EAP) and Work-Life services to Walgreens' Team Members and their families (associates and family members). Walgreens transitioned to ValueOptions on September 1, 2012 and will be served out of the North Carolina Service Center.

Providers may contact ValueOptions with questions about joining the network by calling 800.397.1630. Providers with questions about what is covered under the Walgreens account may call the Walgreens toll-free number at 855.777.0078.



“Walgreens has selected ValueOptions to provide Employee Assistance Program and Work-Life services to Walgreens' Team Members and their families...”

## PROVIDERCONNECT SYSTEM ALERT

### IMPORTANT SYSTEM AVAILABILITY ALERT!

Throughout the year, in an effort to enhance provider experience with the use of ProviderConnect, ValueOptions conducts maintenance to our ProviderConnect applications for scheduled enhancements. The next scheduled enhancement for both ProviderConnect and MOS ProviderConnect is scheduled for the last weekend of September 2012. During such maintenance the ProviderConnect and MOS ProviderConnect applications are unavailable. Downtime occurs on the weekends to minimize interruption to our provider's normal operations. We regret any inconvenience you may experience during the system downtime.

Specific system downtime timeframes are announced on the [ValueOptions Provider website](#). Please visit this page on a regular basis to check system availability prior to each scheduled enhancement.

## GIVING VALUE BACK TO THE PROVIDER WEBINAR SERIES

ValueOptions is proud to announce the "Giving Value Back to the Provider" webinar series. The educational webinar series will be offered to our providers twice a quarter. The presentations will introduce and discuss our new and exciting initiatives for you, the provider.

### What information will the webinar include?

- Overview of ValueOptions
- Credentialing and contracting information
- Overview of clinical operations and initiatives
- ProviderConnect® overview
- And much more!

### Who should attend the webinar?

All providers affiliated with ValueOptions are invited to attend.

| DATE & TIME  | Online Webinar Registration Directions  |
|--|---|
| Thursday, December 6, 2012<br><b>2 p.m. to 4 p.m. ET</b> | To register go to:<br><a href="https://www2.gotomeeting.com/register/716806482">https://www2.gotomeeting.com/register/716806482</a> |
| Friday, December 7, 2012<br><b>11 a.m. to 1 p.m. ET</b>  | To register go to:<br><a href="https://www2.gotomeeting.com/register/418198818">https://www2.gotomeeting.com/register/418198818</a> |

**Register for the webinar that best fits your schedule by clicking on the corresponding registration link.**

*"The next scheduled enhancement for both ProviderConnect and MOS ProviderConnect is scheduled for the last weekend of September 2012."*

