

DECEMBER
2013

VALUED PROVIDER eNEWSLETTER

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REDUCING THE RISK OF COMPLETED SUICIDES: SUICIDE PREVENTION RATING SCALE

Depression's associated suicide attempts and related self-injurious behavior is a major health concern. United States data shows suicide as the 11th leading cause of death for all ages, one completed suicide occurs every 15 minutes. Centers for Disease Control (CDC) data from 2009 indicates that about 15 percent of students in grades 9-12 seriously consider suicide and about six percent reported making at least one suicide attempt in the past 12 months. Recent data also shows a connection between peer victimization, such as bullying, increases suicidal behavior three fold. The causes of suicidal behavior are multifactorial and complex. The goal of evaluation of suicide is straightforward, reduction of risk factors and promotion of protective factors as well as continued monitoring for exacerbation. This is major challenge for health care providers given numerous competing time demands and treatment concerns. ValueOptions® believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides in members in treatment.

Assessment of suicide risk became an increased issue both clinically and from a liability standpoint with the Food and Drug Administration's (FDA) black-box warning of suicide risk for antidepressants used with children and adolescents. This warning resulted in an increased need to identify at risk patients and contributed to increased research in the prevention and identification of suicide risk.

Several suicide severity scales have been developed to assist the clinician in conducting a formulation of risk. Nevertheless, one challenge in the use of suicide severity scales is dissemination of the scale after development. One scale, the C-SSRS (Columbia-Suicide Severity Rating Scale), has demonstrated psychometric validity and reliability in both adolescent and adult populations. Further information is available at <http://www.cssrs.columbia.edu/>. Rating scales for clinical practice including military population are available. Scales address initial and ongoing assessment for suicide risk. Information regarding training (brief 30 minute slide presentation) is also available through the website.

Although there is no screening tool that can provide identification or risk with 100 percent certainty, it is essential that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease the risk of completed suicide. Standardization of suicide risk assessment, especially in at risk populations, can identify patients with greater frequency and is also protective from a medicolegal standpoint. ValueOptions would like you to consider utilizing the C-SSRS or another validated instrument scale as part of your suicide assessment. ValueOptions has been granted permission to post the C-SSRSs on the ValueOptions website with permission to use. Download the C-SSRS's [here](#) under the Suicide Prevention Tool Kit. By: B. Steven Bentsen, M.D., MBA, DFAPA

Contact Us: Please send your comments, ideas and suggestions for upcoming editions of the Valued Provider eNewsletter to PRelations@ValueOptions.com.

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

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 Electronic Health Record (EHR) allow greater ability to accurately reconcile medications.

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

JCAHO reports that 60 percent 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, which can be 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 process. [Click here](#) to view the CMS EHR incentive programs. 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 percent of medication errors are believed to result in reconciliation errors in transfers of care.”



THE VALUEOPTIONS GREAT LAKES SERVICE CENTER ANNUAL QUALITY NEWSLETTER

The ValueOptions Great Lakes Service Center is committed to maintaining excellence in care and service in behavioral health treatment. Refer to this area's annual newsletter to learn more about:

- ⇒ Quality improvement activities
 - Improving ambulatory follow-up after hospitalization for mental illness
 - Increasing identification, initiation and engagement of treatment of members in need of alcohol and drug services
 - Increasing time in the community for members treated for major depression
 - Improving follow-up for members seeking a referral for urgent or emergent treatment
- ⇒ Treatment record documentation
- ⇒ Clinical practice guideline adherence
- ⇒ Coordination of care between behavioral health practitioners and the medical delivery system
- ⇒ Preventative health programs
- ⇒ Mental health screening for adolescents
- ⇒ Member & provider satisfaction
- ⇒ Outbound intensive case management
- ⇒ Member rights and HIPAA

The Great Lakes Service Center's annual newsletter is located at: www.valueoptions.com/providers/Network/Great_Lakes_Service_Center.htm

If you do not have Web access, please call Dawn Brooks from ValueOptions at 248.697.0530 to request a hard copy.

IMPORTANT HOLIDAY REMINDER

As we approach the holiday season, ValueOptions wanted to wish our provider network a safe and prosperous holiday season, and a very happy new year.

We also wanted to remind our providers that their participation and cooperation with ValueOptions' policies, procedures and quality activities is very much appreciated. Although the season brings with it appreciation for services provided, we wanted to send a gentle reminder, that ValueOptions employees are not permitted to accept or give gifts. Thank you for your understanding and cooperation with this policy.

“Although the season brings with it appreciation for services provided, we wanted to send a gentle reminder, that ValueOptions employees are not permitted to accept or give gifts.”

VALUEOPTIONS PROVIDES ICD-10 PLANNING & IMPLEMENTATION DETAILS

ValueOptions, along with numerous other health plans, facilities and practices across the country, continues preparing for the October 2014 compliance date for the ICD-10 update. As we get closer to this date, we have been receiving questions from our providers on many key aspects of the change, including:

- Timelines
- Frequency of provider updates
- Downtime occurrences
- Additional costs
- Provider support
- Reimbursement methodology

Many answers to these ICD-10 questions can be found on the [ICD-10 FAQ Document](#) located at ValueOptions.com. Additionally, we will continue to update providers on this initiative through our newsletter, website and other communications.

If you have a specific testing/technical question or concern, you can also call the EDI Help Desk at 888.247.9311 8 a.m. to 6 p.m. ET or for all other provider ICD-10 questions, contact the Provider Services Line at (800) 397-1630 8 a.m. to 5 p.m. ET.

UPDATED CMS-1500 FORM

In order to effectively accommodate and implement ICD-10-CM diagnosis codes, the National Uniform Claim Committee (NUCC) has revised the CMS 1500 form. The revised version, known as version 02/12, was approved in June 2013.

Some noted changes to the revised CMS 1500 paper claim form (version 02/12) are as follows:

- Indicators for differentiating between ICD-9-CM and ICD-10-CM diagnosis codes.
- Expansion of the number of possible diagnosis codes to 12.
- Qualifiers to identify the following provider roles (on item 17):
 - Ordering
 - Referring
 - Supervising

CMS anticipates implementing the new form starting in January 2014. Both versions of the forms will be accepted until March 31, 2014. Beginning April 1, 2014, CMS will only accept claims submitted on the revised CMS 1500 form (version 02/12). Once available, ValueOptions will place a sample of the revised version to the handbook section of our website.

“Many answers to these ICD-10 questions can be found on the ICD-10 FAQ document located at ValueOptions.com.”



DSM-5

Beginning January 1, 2014, ValueOptions will begin accepting information for clinical purposes, such as authorization requests, using the DSM-5 framework in compliance with the American Psychiatric Association's (APA) recommended timeline.

In response to provider feedback regarding variable states of readiness to comply with the DSM-5 changes, ValueOptions has adopted a timeline to make the DSM-IV to DSM-5 transition as minimally disruptive as possible. Basically, we want to provide a broader transition window of accepting both DSM-IV and DSM-5 coding. During the transition phase, as noted below, providers will be able to submit diagnoses using either DSM-IV or DSM-5 coding within ProviderConnect.

Timeline

- **January 2014:** ValueOptions begins to accept information for clinical purposes (i.e. authorization requests) using the DSM-5 framework.
- **Quarter 1 2014:** DSM-IV screen layout will still exist in ProviderConnect; however both DSM-IV or DSM-V clinical diagnoses coding will be accepted. A guide for accommodating DSM-5 in ProviderConnect is available on the DSM-5 section of the [website](#).
- **Quarter 2 2014:** ProviderConnect screen layout will be modified to support the sun setting of axis I-V framework and the adoption of the new DSM-5 model that ValueOptions is implementing. New DSM-5 design details will be released closer to the roll-out date along with information on how to utilize new screen fields.

ValueOptions has created a [Frequently Asked Questions \(FAQ\)](#) document where many answers to your DSM-5 questions can be found. Furthermore, we continue to update providers on this initiative through our newsletter, website and quarterly provider trainings. In order to register for our December provider trainings, click [here](#).

If you have specific DSM-5 questions or concerns, not located in the FAQ, you can contact the Provider Services Line at (800) 397-1630 8 a.m. to 5 p.m. ET.

VALUEOPTIONS WELCOMES OSCAR HEALTH INSURANCE

ValueOptions is excited to welcome Oscar Health Insurance. Effective January 1, 2014, participating providers within the ValueOptions network will be eligible to deliver services to Oscar Health Insurance members located in the New York City areas of Manhattan, Brooklyn, Bronx, Queens, Staten Island, Rockland County, Westchester County, Nassau County and Suffolk County.

Oscar Health is a new health insurance company for New Yorkers whose goal is to change the way consumers interact with healthcare through technology, design and data.

Providers in the New York City region with questions about this announcement are encouraged to contact their local provider relations team at 800.235.3149.

"In response to provider feedback regarding variable states of readiness to comply with the DSM-5 changes, ValueOptions has adopted a timeline to make the DSM-IV to DSM-5 transition as minimally disruptive as possible."



IMPROVE CASH FLOW BY USING PAYSAN

ValueOptions partners with PaySpan Health, a multi-payer adjudicated claims settlement service that delivers electronic payments and electronic remittance advice based on provider preferences. With PaySpan Health, providers stay in control of bank accounts, file formats, and accounting processes.

Register Today!

- A secure and self-service website
- FREE
- Remittance data accessible online 24 hours a day
- Payments received automatically in the bank account of your choice
- Email notifications received immediately upon payment

You can access and register for PaySpan Health 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>.

LETTERS PREVIOUSLY DELIVERED TO PROVIDER'S SERVICE ADDRESS NOW SENT TO MAILING ADDRESS

ValueOptions provider letters, distributed via United States Postal Service (USPS), are now being sent to the provider's designated mailing address on file. If you have been receiving any letters at your service address and this is not the same as your mailing address, this is a change in procedure. As we want to ensure providers receive correspondence at the correct address, it is important we have your most current mailing address in our database.

In order to verify and update the mailing address on file, consider using one of the following options:

1. A new feature, available after December 9, 2013, which allows providers to automatically submit a change of address via ProviderConnect®.
 - * To access this new feature, simply log into ProviderConnect and click on the link "Update Demographic Information" located on the provider home page. For further instructions refer to the [ProviderConnect User Guide](#).
2. Prior to December 9, 2013, providers can log into ProviderConnect to verify the mailing address on the ProviderConnect User Agreement Page. If there is a discrepancy, submit an inquiry via ProviderConnect or contact the Provider Services Line at 800.397.1630.
3. Submit a [Change of Address Form](#) if the mailing address has recently changed.

We encourage providers to complete the mailing address verification process as soon as possible to ensure mailed authorization letters are received in a timely manner. Once address updates are submitted, changes will be reflected in all of ValueOptions' systems.

For ProviderConnect questions, please contact the EDI Help Desk at 888.247.9311 from 8:00 a.m. – 6:00 p.m. ET or by [email](#).

"With PaySpan Health, providers stay in control of bank accounts, file formats, and accounting processes."



THE EMPLOYEE ASSISTANCE SOCIETY OF NORTH AMERICA (EASNA)

The Employee Assistance Society of North America (EASNA) is a tri-national association whose members consist of individuals, organizations, employers, and students in Canada, Mexico, and the US interested in advancing knowledge, research, and best practices toward achieving healthy and productive workplaces.

Comprised of thought leaders and change agents, EASNA is focused on ensuring that the EA field continues to grow and flourish by broadening its base of engaged and committed stakeholders. They are committed to encouraging high standards of quality through a unique accreditation program, research efforts, educational events, publications and online resources.

EASNA provides a forum for continuous educational and networking opportunities that promote professional development. They share topical news and information that affect the health and performance of individuals and organizations, and encourage and promote the sharing of EA best practices and technologies.

Why Join EASNA?

EASNA members participate in an association that is a forum for continuous educational and networking opportunities that promote professional development. They share topical news and information that affect the health and performance of individuals and organizations, and encourage and promote the sharing of EA best practices and technologies. EASNA members also enjoy an expanding list of benefits:

- *EASNA Alert*, EASNA's broadcast email, offering information about their events, training opportunities, and industry news;
- *The Journal of Workplace Behavioral Health*, the only peer-reviewed research journal dedicated to issues affecting the workplace;
- \$150 registration discount when attending the EASNA Institute, EASNA's annual conference (the next Institute will be April 23-25, 2014 in Ottawa, Canada);
- A website with an expanded Members Only section with research reports and a new forum for posting information and questions;
- High-quality, online training at reduced prices, allowing you to earn continuing education units and professional development hours;
- An online membership directory where you can update your own contact information, 24/7;
- Our online Career Services Center, where you can post announcements to fill critical vacancies, or post your resume to find the ideal job to advance your career.

To find out more about EASNA and becoming a member, please visit www.easna.org.

“Comprised of thought leaders and change agents, EASNA is focused on ensuring that the EA field continues to grow and flourish by broadening its base of engaged and committed stakeholders.”



VALUEOPTIONS' E-COMMERCE INITIATIVE UPDATE

“By January 1, 2015, existing providers in the ValueOptions network will be required to electronically verify all eligibility inquiries and submit authorization requests, claims and re-credentialing applications.”

In November's provider newsletter, ValueOptions notified providers about its new electronic claim submission requirement. This requirement is part of ValueOptions' larger E-Commerce initiative set to begin next year and expand into 2015.

By January 1, 2015, existing providers in the ValueOptions network will be required to electronically verify all eligibility inquiries and submit authorization requests, claims and re-credentialing applications. New providers with a contract date on or after July 1, 2014 will need to meet this requirement at the time they join ValueOptions.

To complete these transactions, ValueOptions recommends providers use our own secure and HIPAA-compliant platform, ProviderConnect. We also accept claim submissions from clearinghouses, which reference our payer ID, FHC & Affiliates. Additionally, direct deposit of your payments is available through [PaySpan](#).

Although we realize many providers already rely on electronic transmission of claims and authorizations, we know there some of our providers who continue to submit paper-based transaction requests due to personal preference, technology limitations and other reasons. To assist in this transition, ValueOptions will make every effort to make the change as seamless as possible and ensure these providers will experience the enormous benefits of using e-commerce in their daily activities.

These benefits include the ability to:

1. Reduce paper files, phone calls, labor and postage expenses and potential errors
2. Improve cash flow due to faster claims processing
3. Complete multiple transactions in a single sitting

ValueOptions offers a variety of resources to facilitate this transition, including face to face training, monthly webinars, video tutorials and online manuals. On ValueOptions.com, providers can visit the following links to learn more about ProviderConnect:

- [Online Demo](#)
- [“Getting Started with ProviderConnect” User Guide](#)
- [ProviderConnect Registration form](#)

The next monthly webinars covering ProviderConnect and other electronic tools available through ValueOptions will be held on the following dates:

- [December 10, 2013 3:00 – 4:00 pm](#)
- [January 14, 2014 3:00 – 4:00 pm](#)

More information about ValueOptions' E-Commerce Initiative will be provided in the upcoming months, but in the interim, providers are welcome to contact our Provider Services line at 800-397-1630 or can contact their [regional provider relations representative](#) with questions or concerns.

Questions regarding using ProviderConnect can be directed to our EDI Help Desk at 888.247.9311 between 8 AM and 6 PM ET, Monday through Friday or by email at e-supportservices@valueoptions.com.



GIVING VALUE BACK TO THE PROVIDER WEBINAR SERIES

ValueOptions continues to offer the “**Giving Value Back to the Provider**” webinar series. The educational webinar series is 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!

⇒ **December 5th 2 p.m. - 4 p.m. ET - Click [here](#) to register.**

⇒ **December 6th 11a.m. - 1 p.m. ET - Click [here](#) to register.**



ON TRACK MONTHLY WEBINARS

The ValueOptions **On Track Outcomes** program is a client-centered outcomes informed care program designed to provide clinicians with state of the art, easy-to-use tools that promote improved client outcomes. ValueOptions clinicians may use *On Track* for all of their EAP, commercially insured or private pay clients, including, if they choose, those clients who are not ValueOptions members.

To learn additional information about the ValueOptions **On Track Outcomes** program visit the [ValueOptions On Track Outcomes section of the website](#).

The following are the dates, times and registration links Upcoming live webinars occur during the following dates and times:

⇒ **December 11th 11a.m. - 12 p.m. ET - Click [here](#) to register.**

“The ValueOptions On Track Outcomes program is a client-centered outcomes informed care program designed to provide clinicians with state of the art, easy-to-use tools that promote improved client outcomes.”