

MARCH
2013

VALUED PROVIDER eNEWSLETTER

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DIABETES AND EMOTIONAL HEALTH

Managing diabetes is as much mental and emotional as it is physical. With so much of the treatment plan on your patient's shoulders—no one else can eat right and exercise for them—attitude and motivation are crucial. The better they cope emotionally, the better they will do at keeping blood sugar (glucose) under control and preventing complications.

Here are some key emotional issues a patient managing diabetes may face:

Depression. All too often, diabetes and depression create a vicious circle. People with diabetes have a higher-than-normal risk of being depressed, and it can make their diabetes worse. Depression saps the motivation needed for good diabetes self-care. It can also lead to poor coping behaviors, such as overeating, that make the diabetes worse.

It's not known exactly what causes depression in diabetes patients. It might simply be part of the psychological toll of the disease. Diabetes can be very frustrating. It demands constant effort to manage blood levels, and even your best effort may not always succeed. Depression also can be part of the grief response on first learning you have diabetes. It can be triggered later by reminders of the disease, such as medical costs, glucose tests and doctor's visits. Complications can add to the feeling that a patient is failing in their battle with the disease.

The signs of depression include loss of energy and appetite, disruption of sleep patterns, trouble concentrating or a loss of interest in things you used to enjoy. Clues like these should lead a patient to get help, for their physical as well as mental health. Doctor or diabetes educators can both give the patient guidance. If the patient takes an antidepressant drug, be sure they understand its side effects—especially any effect it may have on blood sugar.

Stress. When a person senses a threat or feels a surge of anger, the body produces hormones that change the level of sugar in the blood. A Swiss study of type 2 diabetes patients showed a spike in glucose among those who had a stressful event after eating.

This is one way in which stress can affect diabetes. When the stress is chronic—when a person just can't stop worrying—it can raise levels of cortisol and growth hormone. Both make control of blood sugar more difficult. Chronic stress, like depression, also raises the risk that a patient may cope with it by doing things, such as drinking too much alcohol, that make your overall health worse. Or it can get in the way of self-care. When tense and anxious, a patient may be more likely to neglect important things, like checking glucose or making meal plans.

Stress can come from the experience of diabetes, especially if fearful about the future or frustrated when the disease is hard to manage. Or it can come from something else, such as job or problems with family or friends. Getting at the source of the stress is one way to relieve it. If the patient doesn't like their job and can't stand the traffic on their daily commute, maybe it's time for a change. Or if the stress producer can't be changed—as is true of diabetes—find ways to work off the tension.

The good news here is that one of the best stress reducers—exercise—is also a good way to manage diabetes. In fact, it should already be in the patient's treatment plan. Seeking help from others through support groups is another stress reducer with dividends. Not only can others help work through worries, but they also can encourage the patient to stay on track with self-care. *(continued on page 2)*



DIABETES AND EMOTIONAL HEALTH (continued)

Anger. Getting mad is not always bad. Sometimes it can push you to do the right thing. Diabetes educator Alison Massey says patients are often angry at themselves for not making the lifestyle changes they know they need. "They know they are overweight. They know they are sedentary," she says. But she says some use this anger as a motivator to change. Channeled in this way, anger can spur a patient to fight back against diabetes with real focus and commitment.

Anger becomes a problem when it turns inward, leads to no constructive action and makes the person miserable. It also can get in the way of managing the diabetes.

In what the American Diabetes Association calls an "anger circle," rage against diabetes combines with denial. Patients are angry at diabetes for forcing them to change their life, but instead of fighting back the right way, they fight back by denying the need to change. The anger circle becomes a vicious circle: The more they cling to angry denial, the worse they feel and the angrier they may get.

Counseling and/or support groups can help to break this pattern. A self-help method suggested by the American Diabetes Association (ADA), from Dr. Weisinger's Anger Work Out Book by psychologist Hendrie Weisinger, is to take notes. Have the patient keep track of what makes them angry, when they were angry and what or who they were mad at. After several weeks, have them look over their notes and see how they might change the thoughts and behavior that trigger their anger. This can help the patient learn to channel anger constructively.

With these and other emotional hurdles, it's easier to cope when the patient doesn't try to do so alone. Encourage the patient to let friends and co-workers know they have diabetes. Also remind patients that they can find plenty of support, through organizations such as the ADA and local groups, from others who are fighting to live well with diabetes.

By Tom Gray © 2012. Achieve Solutions® is a ValueOptions® website. This newsletter article is provided by the Achieve Solutions website. This article and other information provided on the Achieve Solutions site, including, but not limited to, articles, quizzes and other general information, is for informational purposes only and should not be treated as medical, psychiatric, psychological or behavioral health care advice. This article is not intended to be used for medical diagnosis or treatment or as a substitute for consultation with a qualified health care professional.

MARCH IS NATIONAL SOCIAL WORK MONTH

As March is National Social Work Month, we would like to take time to recognize all of the outstanding social workers who help make us make a difference everyday. ValueOptions® and our provider network help more than 32 million members live their lives to the fullest potential.

We applaud our social workers for standing on the front lines, behind the scenes, and across the continuum of services to support those individuals seeking mental and emotional well-being and recovery.

These people assist in making the difficult life changes needed to be healthier and more productive. They deal with human emotions, challenging situations, and sometimes even tragedies on a daily basis, often with little thanks for all that they do.

"ValueOptions and our provider network help more than 32 million members live their lives to the fullest potential."

PROVIDERCONNECT® 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 weekend of March 22, 2013.

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 in the pop-up box. Please visit the ValueOptions provider page on a regular basis to check system availability. A schedule of our upcoming scheduled ProviderConnect system downtimes is included below.

DATES	SYSTEM
Friday, March 22, 2013 to Sunday, March 24, 2013	ProviderConnect & MOS ProviderConnect
Friday, June 28, 2013 to Sunday, June 3, 2013	ProviderConnect & MOS ProviderConnect

RE-CREDENTIALING APPLICATION ON PROVIDERCONNECT

We are pleased to provide you with an option to review and submit your re-credentialing information online via ProviderConnect. Please note that online re-credentialing is not currently available for facilities and programs, or for practitioners practicing in states where a state or client specific application is required (i.e., CO, MD, PA, TN and TX).

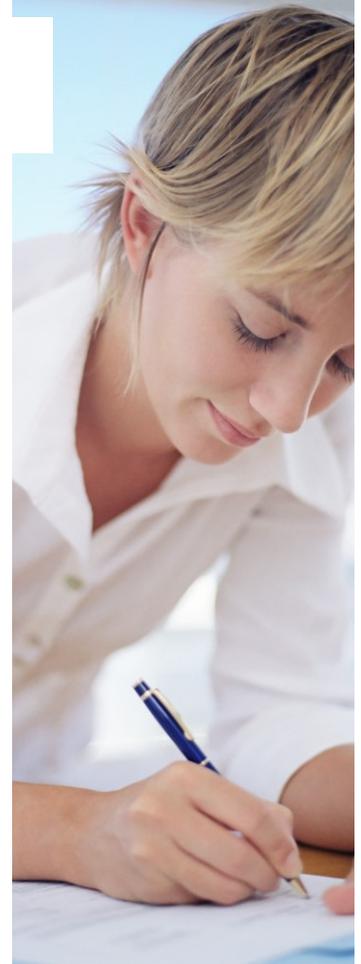
In accordance with the credentialing standards of the National Committee for Quality Assurance (NCQA), it is the policy of ValueOptions to re-credential providers on a tri-annual basis. Several months prior to your re-credentialing due date, you will receive a Provider Pulse automated call from ValueOptions 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>.

To learn more about the online re-credentialing process please access the presentation titled [Fast, Easy, and Convenient Way to Complete your Online Recredentialing Application](#).

If you do not have this online capability, you may fax your document(s) to 866.612.7795. If you do not wish to access your application via ProviderConnect or if you have any questions regarding the online re-credentialing process, please contact the National Provider Line at 800.397.1630, 8 a.m. to 5 p.m. ET, Monday - 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.

"The next scheduled enhancement to ProviderConnect and MOS ProviderConnect is scheduled for the weekend of March 22, 2013."



2013 CPT® CODE CHANGES

Annually in October, the American Medical Association defines and releases a new set of Current Procedural Terminology (CPT®) codes. **This new code set took effect on January 1, 2013.** Treatment providers use these CPT codes when submitting claims for services provided to their patients. The 2013 code set included many changes that impact provider billing. Many codes were either deleted or modified.

In order to assist providers, ValueOptions has organized outreach efforts to providers with 2013 date of service claims denied due to incorrect code usage. Our outreach is a continuation of our 2013 CPT code changes provider education program.

Additional resources and training materials are available on the ValueOptions Provider website:

- ⇒ [2013 CPT Code Changes Frequently Asked Questions](#)
- ⇒ [2013 CPT Code Changes Presentation Slides](#)
- ⇒ [2013 CPT Code Crosswalk](#)
- ⇒ [2013 CPT Code Changes Provider Webinar Recording](#)

Please continue to refer to the [ValueOptions Provider Website](#) for timely updates.

If you have additional questions about the 2013 CPT code changes, please email us at 2013cptcoding@valueoptions.com.

ICD-10

ValueOptions continues to make changes to comply with the 10th modification to International Classification of Diseases (ICD) codes. Project teams have been identified to assess the impact to systems and business processes. Applications, EDI transactions, reports and business process will be modified to accommodate the requirements for ICD-10 prior to the implementation, which was established by Centers for Medicare & Medicaid Services (CMS) as October 1, 2014.

For further information about the ICD-10 transition, providers should read the latest [ValueOptions ICD-10 Frequently Asked Questions \(FAQs\)](#). We encourage network providers to refer to the [ValueOptions Provider Website](#) and the ICD-10 FAQ document for timely updates on ICD-10.

"ValueOptions continues to make changes to comply with the 10th modification to International Classification of Diseases (ICD) codes."



COLORADO MEDICAID MEMBERS ASSIGNED TO CHP*, FBHP*, AND NBHP*

Retro-Authorization and Appeal Requests

The State of Colorado Medicaid contract allows for an appeal process for its members who are denied any request for covered mental health services. Providers are granted reconsideration rights; however, the right to appeal is available only to Medicaid members. The provider may represent the member in their appeal with the member's written consent, or if designated in writing as the member's Designated Client Representative (DCR).

Please remember the following information must be included in every packet sent to ValueOptions for retro-authorizations or appeal requests:

1. Retrospective Authorization Request Review
 - a. Letter stating what occurred and why there is a need for a retrospective review for an authorization (eligibility, no Medicaid information made available by the member, etc.)
 - b. Chart for the entire hospital stay that includes, but not be limited to, medical notes, nursing notes, discharge summary, medication lists and progress notes (it is a best practice to send the complete chart for the entire hospital stay)
2. Clinical Appeal Requests when an authorization has been denied
 - a. A letter stating the intent to appeal and the reason for requesting the appeal
 - b. Any relevant information that the hospital would like reviewed or reevaluated (can include letters from the member, the member's chart, a letter from the provider or other hospital staff, letters from family members, previous treatment records, etc.)
 - c. A valid DCR form, signed and dated by the member, with all fields populated, and designates a person at your facility to act on the member's behalf to file the appeal

Clinical appeals are due to ValueOptions within 30 calendar days from the date on the Notice Of Action (NOA). The date your appeal rights expire is noted in your NOA.

ValueOptions will not process any request, appeal or retrospective authorization, which is past the timeframes as indicated in State Statute, and does not include all the necessary information as indicated above. To be considered for review, the packet must be complete and received on or before the deadline.

Please visit www.coloradohealthpartnerships.com to review the provider manual, which gives further detail on these parameters. The provider manual serves as an addendum to your ValueOptions Colorado contract to serve Medicaid members. You may also call 719.538.1430 or 800.804.5040 to speak with a Provider Relations Representative.

*CHP - Colorado Health Partnerships; *FBHP - Foothills Behavioral Health Partners; *NBHP - Northeast Behavioral Health Partnership.

"The State of Colorado Medicaid contract allows for an appeal process for its members who are denied any request for covered mental health services."

COLORADO COORDINATION OF CARE

Coordination of care between a Medicaid member's primary outpatient provider and the member's Primary Care Physician (PCP) is the responsibility of the outpatient provider. It is important for the outpatient provider to exchange relevant healthcare information with the PCP, for the best possible treatment by both the outpatient provider and the PCP. Outpatient providers should ensure they have a Release of Information on file, signed by the member, and are communicating important healthcare information with a member's PCP.

Many Medicaid members do not have a PCP and instead use the emergency room as their primary care provider. If the member that you are working with does not have a PCP, please work with them to obtain a PCP referral at HealthColorado by calling 888.367.6557. Providers should follow-up with the member to make sure they have visited the PCP for a health check-up and signed a Release of Information with their PCP to exchange relevant and appropriate health care information.

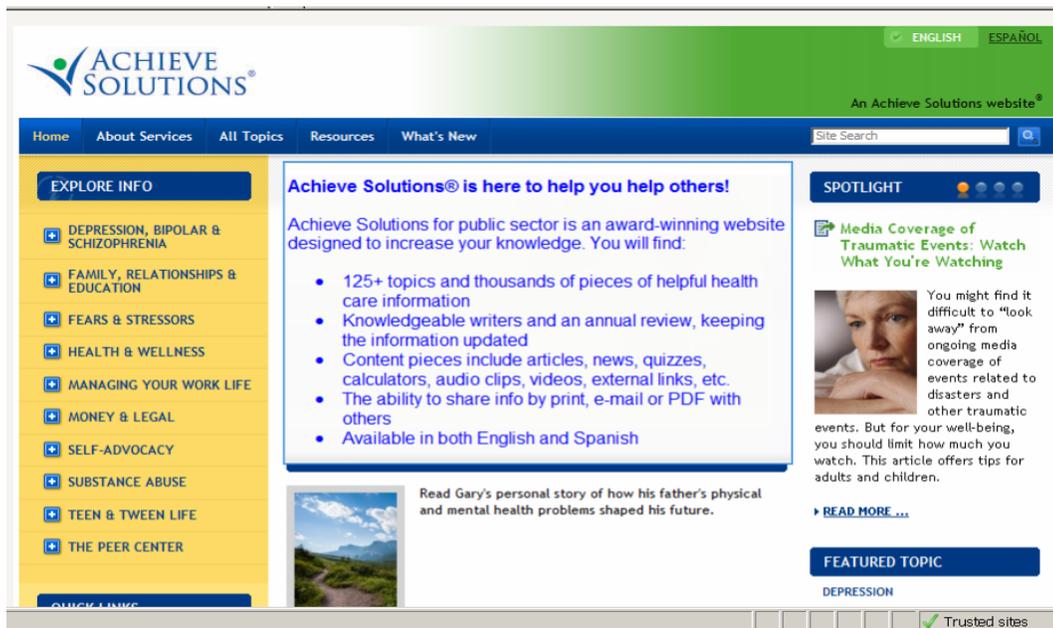
Many mental health centers and independent providers are currently doing an excellent job of coordinating care with primary care physicians. Kudos if you are correctly doing so! If you have questions about the requirements of care coordination, or need assistance in finding a primary care provider, please feel free to contact ValueOptions at 800.804.5008 or reach out to Provider Relations at 800.804.5040.

"Coordination of care between a Medicaid member's primary outpatient provider and the member's Primary Care Physician (PCP) is the responsibility of the outpatient provider."

PUBLIC SECTOR VERSION—ACHIEVE SOLUTIONS®

The public sector version of Achieve Solutions® now has a demo just for providers. Click [here](#) to view the demo.

Review this seven-minute presentation to learn how to best support your clients with mental health and wellness articles, audio clips, videos, quizzes, webinars, trainings and more. Please remind your clients to check their customized Achieve Solutions' website often for new articles and multimedia tools.



GIVING VALUE BACK TO THE PROVIDER WEBINAR SERIES

We welcome our provider community to this interactive forum where ValueOptions will introduce and discuss new and exciting initiatives for providers. These webinar presentations will familiarize you with administrative and procedural information to simplify doing business with ValueOptions.

- ⇒ [Thursday, March 7, 2013 2 PM to 4 PM Eastern Time](#)
- ⇒ [Friday, March 8, 2013 11 AM to 1 PM Eastern Time](#)
- ⇒ [Thursday, June 6, 2013 2 PM to 4 PM Eastern Time](#)
- ⇒ [Friday, June 7, 2013 11 AM to 1 PM Eastern Time](#)
- ⇒ [Thursday, September 12, 2013 2 PM to 4 PM Eastern Time](#)
- ⇒ [Friday, September 13, 2013 11 AM to 1 PM Eastern Time](#)
- ⇒ [Thursday, December 5, 2013 2 PM to 4 PM Eastern Time](#)
- ⇒ [Friday, December 6, 2013 11 PM to 1 PM Eastern Time](#)

"These webinar presentations will familiarize you with administrative and procedural information to simplify doing business with ValueOptions."

PROVIDER PULSESM

Provider Pulse, is a convenient, up-to-the-minute ValueOptions provider 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 deadlines. With Provider Pulse, ValueOptions enhances the ability to keep our provider community informed. Stay tuned for new Provider Pulse messages throughout 2013.

If you have any questions regarding Provider Pulse, please contact us via e-mail at PRelations@valueoptions.com.

