

May  
2013

# VALUED PROVIDER eNEWSLETTER

## SPOTLIGHT:

2013 CPT® Code Changes

[Read  
More](#)

Provider Webinars

[Read  
More](#)

Contact Us

[Read  
More](#)

## ASSESSMENT OF POTENTIAL VIOLENCE

All behavioral health practitioners realize the difficulty in predicting future acts of self-harm or violence toward others, but these are certainly the most important aspects of assessment and treatment. This brief article is meant to point out the most basic, foundational aspects of this important topic.

Quite frequently documented assessment of dangerousness only scratches the surface on initial evaluation and isn't addressed adequately during continued treatment. In general there are 3 necessary components in the appropriate assessment and follow-up of potential violent behavior. They are:

- ⇒ Adequate Assessment and Reassessments
- ⇒ Comprehensive Documentation
- ⇒ Effective Action

Far too commonly, assessments of dangerousness consist only of the presence of absence of "suicidal ideation," "homicidal ideas" or "thoughts of hurting others" with no specifics or follow-up action plan. Many times there are no documented reassessments even in members who represent a risk to themselves or others.

Adequate assessments must include the specifics of the threat, historical factors, demographic risk factors, potential triggers and any mitigating factors. Specifics of the threat would include an in-depth analysis of the thoughts, degree of planning, intent, lethality, reason for the violence, perceived consequences of the act, and whether there is an available means. It is of the utmost importance to find out about firearm access. Historical factors would include whether the member has ever thought of violence, been violent (including the specific circumstances), destroyed property, experienced abuse as a child, and any history of substance or mental disorders. A history of noncompliance with medication may also be a clue. Demographic risk such as male gender, family disruption, socioeconomic issues and certain cultural issues must be explored. A full exploration of any mitigating factors must be completed to potentially decrease the risk for future violence and determine how can these factors can be utilized or maximized.

In addition to a thorough assessment, comprehensive documentation must be completed. All the components of the risk assessment must be included. This not only is a risk management tool for the clinician, it also allows comparison when ongoing assessment of risk is completed.

Perhaps the most neglected area of risk assessment is the safety plan. Effective action plans must be developed whenever risk is identified. Far too often once the acute ideas of harm to self or others are gone, the potential for future behaviors are neglected. As all providers know, behavioral health symptoms can wax and wane. Ideas of self-harm or violence toward others can reoccur at any time during treatment due to the illness or even with the addition of substances which decrease inhibition. What is the plan if the ideas return? What should the individual do at 2 o'clock in the morning if they begin having thoughts of violence? What will be done with any available firearms? When and how will they be removed or made unavailable? These are extremely important questions that must be answered and everyone involved must be clear on what actions need to be taken to ensure safety.

## IN THIS ISSUE:

- *Assessment of Potential Violence*
- *NCQA CVO Certification*
- *Practitioner Change of Address Form*
- *ProviderConnect Downtime*
- *ProviderConnect Registration & Password Tips*
- *ICD-10*
- *CPT Code Updates*
- *Giving Value Back to the Provider Webinar Series*
- *Provider Handbook Updates*
- *Provider Satisfaction Survey Results*



*“Far too commonly, assessments of dangerousness consist only of the presence or absence of “suicidal ideation,” “homicidal ideas” or “thoughts of hurting others” with no specifics or follow-up action plan.”*

## ASSESSMENT OF POTENTIAL VIOLENCE(CONTINUED)

There are many different tools that can assist in the assessment, reassessment and safety planning of potentially suicidal or violent individuals. ValueOptions strongly recommends each provider develop and maintain a standardized policy on assessment, documentation and safety planning; continually reviewing the processes and modifying as necessary.

## VALUEOPTIONS RECEIVES NCQA CVO CERTIFICATION

ValueOptions recently received full Credentials Verification Organizations (CVO) certification by the National Committee for Quality Assurance (NCQA) for 10 out of 10 verification services. CVO Certification is a quality assessment program that health care organizations can use to assess CVOs and other organizations that verify the credentials of physicians. It evaluates a CVO's management of various aspects of its data collection and verification operation, and the process it uses to continuously improve the services it provides.

Certification is awarded to participating organizations on the basis of individual credentials elements. Organizations may be certified for all, some, or none of the 10 credentials elements addressed in the NCQA Standards; ValueOptions received certification in all 10 credentials verification services. These elements are:

- License to practice
- Malpractice Claims History
- DEA Registration
- Medicaid/Medicare Sanctions
- Medical Board Sanctions
- Work History
- Education and Training
- Practitioner Application Processing
- Ongoing Monitoring
- CVO Application and Attestation Content

Achieving CVO certification from NCQA demonstrates that ValueOptions has the systems, process and personnel in place to thoroughly and accurately verify providers' credentials and help health plan clients meet their accreditation goals.

## PRACTITIONER CHANGE OF ADDRESS FORM – NEW FAX NUMBER

Have you recently changed your **mailing address**, **e-mail** address or **fax number**? It is important that ValueOptions is notified of address and other demographic information. This information is used to send important provider communications and provider alerts. Please submit a Practitioner or Facility Change of Address form.

The fax number to send [Practitioner Change of Address Forms](#) has changed to (877) 722-0987.

To fax a Practitioner Change of Address Form practitioners would complete the following steps:

- Complete the [Practitioner Change of Address Form](#)
- Save and Print the completed document
- Fax completed form to (877) 722-0987

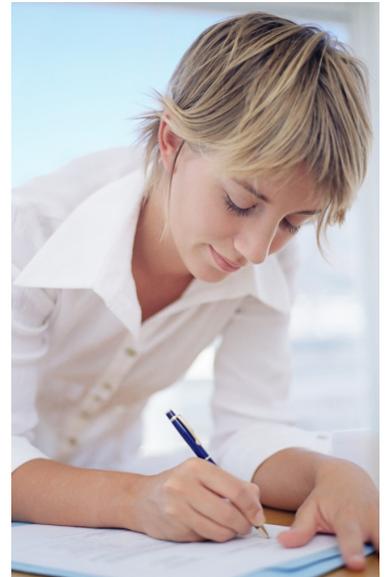
Please note that a change of service or billing physical address requires an accompanying W-9 form.

## PROVIDERCONNECT® SYSTEM AVAILABILITY ALERT

In an effort to improve the functionality of ProviderConnect, ValueOptions periodically updates ProviderConnect applications. The next scheduled enhancement for both ProviderConnect and MOS ProviderConnect is scheduled for the weekend of June 28, 2013. 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.

During such maintenance, the ProviderConnect and MOS ProviderConnect applications are unavailable.

| DATES  | SYSTEM                                |
|--|---------------------------------------|
| Friday, June 28, 2013 to Sunday, June 30, 2013 | ProviderConnect & MOS ProviderConnect |



## PROVIDERCONNECT REGISTRATION AND PASSWORD TIPS

ValueOptions providers are praising the benefits of [ProviderConnect](#). If you and/or your practice have not yet used the application or simply haven't logged on in quite some time, we encourage you to do so and experience the time savings of electronic claim submission, authorization requests and credentialing.

To assist you in accessing ProviderConnect, either for the first time or after an extended period of time, we have provided some quick tips related to registering for ProviderConnect and creating/retrieving your password.

**For new users**, simply register online on the [ProviderConnect website](#). Enter the required information and create a password. Your password will be case-sensitive and must be between 8 and 20 characters, include one number, one uppercase letter, one lowercase letter and one special character.

**If you've already registered, but don't recall your password**, visit the "[Forgot Your Password](#)" page or call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET. You can also email us at [e-SupportServices@valueoptions.com](mailto:e-SupportServices@valueoptions.com).

*"If you and/or your practice have not yet used the application or simply haven't logged on in quite some time, we encourage you to do so and experience the time savings of electronic claim submission, authorization requests and credentialing."*

## ICD-10

Like many of our providers, ValueOptions continues to prepare for the tenth update to the International Classification of Diseases (ICD) codes and is on track to meet the official October 2014 compliance date.

To learn more about our preparations, please refer to our latest [Frequently Asked Questions](#) document.

In conjunction with our planning, we are staying abreast of news, reports and training on this topic to further assist us and you, our valued providers, as we proceed further into the implementation of this complex project. We've selected just a few recent pieces of information related to ICD-10 that you and/or your colleagues may find of interest.

- ⇒ 3/3/13 - [ICD-10 deadline may improve finances](#)  
Healthcare IT
- ⇒ 3/4/13 - [CMS: No more delays with move to ICD-10](#)  
American Medical News
- ⇒ 3/11/13 - [ICD-101: Why you need to add more ICD-10 training](#)  
GovernmentHealthIT

## DSM-5

This month, the American Psychiatric Association (APA) is holding their annual meeting with plans to release the new DSM-5. This will be the first update in almost 20 years since DSM-IV was released. ValueOptions will be adopting the DSM-5 coding for clinical purposes. Analysis will need to be done of the new coding and how it will be integrated into our existing clinical processes. An exact timeline for this has not yet been defined. As additional detail is available around the migration to DSM-5 this information will be shared with the provider community.

## 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](mailto:2013cptcoding@valueoptions.com).

*“ValueOptions continues to prepare for the tenth update to the International Classification of Diseases (ICD) codes and is on track to meet the official October 2014 compliance date.”*

## 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, 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](#)

## 2013-2014 VERSION OF THE VALUEOPTIONS' PROVIDER HANDBOOK IS NOW AVAILABLE !

ValueOptions has posted the **2013-2014 version of the Provider Handbook**. The Provider Handbook outlines the ValueOptions standard policies and procedures for individual providers, affiliates, group practices, programs and facilities. Providers are encouraged to carefully review the Handbook as well as visit the Network-Specific page to verify which policies and procedures are applicable to them.

The provider handbook is an extension of the provider agreement and includes guidelines on doing business with ValueOptions, including policies and procedures for individual providers, affiliates, group practices, programs and facilities. Together, the provider agreement, addenda, and the handbook outline the requirements and procedures applicable to participating providers in the ValueOptions network(s).

The provider handbook is very user-friendly and completely searchable. In addition, the document can easily be downloaded from our website to your computer. To open the handbook you will need Adobe® Reader. If you do not have access to this software, you may download the program at <http://get.adobe.com/reader/>

Please copy and paste the following URL into your Internet browser which will take you to our ProviderHandbook page: [www.valueoptions.com/providers/Handbook.htm](http://www.valueoptions.com/providers/Handbook.htm).

To learn more about navigating the Provider Handbook, please access the [How do I access and navigate the Provider Handbook?](#) video tutorial.

Questions, comments and suggestions regarding this handbook should be directed to ValueOptions at (800) 397-1630 on weekdays from 8 am to 5 pm ET.

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



## PROVIDER TESTIMONIALS AND COMPLIMENTS

- “ProviderConnect is the easiest website out of all of the insurance companies to utilize. They can do everything on there (check their claims, authorizations, submit inquiries, etc.). She also said that when she sends an inquiry to us we always get back to her within 2-3 days and it's great.” - **Provider feedback about the ValueOptions® Provider Website**
- “One of the major things that I have noticed is that clients actually show up for their appointments and/or call if they need to cancel and reschedule. When I am on the phone with the potential client and the person doing the intake, I am treated respectfully and always thanked by that person. The Military OneSource program has been a blessing to my practice and to me personally.” -**Provider feedback about Military OneSource Program**
- “ValueOptions is “by far” the easiest Insurance company to deal with! No matter which Customer Service department she speaks with as she has spoken with both Claims Customer Service and the National Provider Line this week, each representative is cheerful & helpful. They are not like other insurance companies where the reps seem to hate their jobs. Even their website is user-friendly for providers and easy to navigate. “I can find information and submit claims quickly.” She is very satisfied with her relationship with ValueOptions. She states that “whatever” we are doing, “IT IS WORKING!” **Provider feedback about working with ValueOptions**
- “I appreciate Value Options' willingness to present webinars that are relevant to providers. This is the first I've attended, and I look forward to more events in the future.” - **Provider feedback after attending the December 2012 Duty to Warn Provider webinar**
- “I wanted to compliment ValueOptions on the handling of the 2013 CPT Code transition. I loved the webinar. The FAQ answered most of my questions and I appreciate the crosswalk document” - **Provider feedback after attending the 2013 CPT Code Changes webinar**

“The purpose of the annual provider satisfaction survey is for ValueOptions to determine the level of provider satisfaction with our service and identify opportunities for improvement.”

## 2012 PROVIDER SATISFACTION SURVEY HIGHLIGHTS

ValueOptions is committed to providing quality care to its members. To assist with this effort ValueOptions annually surveys our provider community through a variety of areas including overall provider satisfaction, customer service and claims processing. The purpose of the annual provider satisfaction survey is for ValueOptions to determine the level of provider satisfaction with our service and identify opportunities for improvement.

| Satisfaction Survey Results: 2011-2012   |      |      |
|--|------|------|
|  | 2011 | 2012 |
| Overall satisfaction with ValueOptions   | 94%  | 92%  |
| Overall, how would you rate ValueOptions on quality of claims services?        | 83%  | 82%  |
| Have you been satisfied with the process for submitting claims electronically? | 95%  | 95%  |
| Do you find the monthly provider e-newsletter informative?                     | 86%  | 93%  |

For areas identified as needing improvement, special attention and targeted activities will be initiated in 2013. Thank you to all our providers who participated in our 2012 satisfaction survey.

