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# VALUED PROVIDER eNEWSLETTER

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## BULLYING: WHEN ADULTS ARE THE VICTIMS

When we think of bullies, most of us think of children being the victims—bullied on the school bus, on the playground, over the Internet or through text messages. But adults can be bullied too.

Take inventory of your life. Do you see rude, selfish, jealous, manipulative or frustrating people in your family, at work, in your neighborhood, at your child's school, or in the stands at a sporting event?

### Examples of adult bullying

A mother-in-law who criticizes your parenting, a neighbor who blows leaves into your yard while cleaning up his, the parent of your child's teammate who starts rumors about your child, a rival sports fan who yells profanity and spills beer on you during a game—these are all examples of adult bullying behavior.

Consider this situation:

*You volunteered to be on a committee to plan a fundraiser for your child's school. You met weekly with parents to share ideas and to pool skills and resources to plan a successful event. One of the parents frequently criticized your ideas and cut you off in mid-sentence. Before each meeting your stomach hurt and you would hope that parent would not attend.*

### Why does it happen?

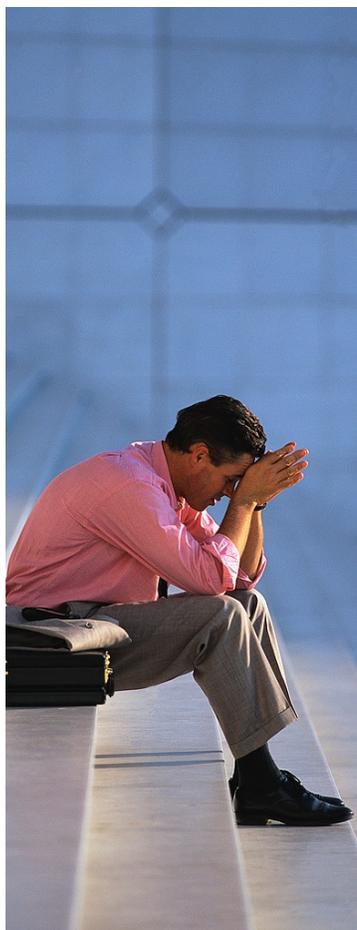
Adult bullies target victims in many of the same ways children who bully do. No matter their age, bullies are opportunistic and tend to prey on people they perceive as a threat or that they dislike because of differences. They often choose targets who excel and are capable, dedicated, popular, intelligent and attractive but whose interpersonal style tends to be non-confrontational. A bully's goal is to gain control by making others feel angry or afraid through the use of verbal abuse such as name-calling, sarcasm and teasing; threatening; mocking; insulting; ignoring or discrediting the person by spreading rumors.

Bullying is a learned behavior. As children, adult bullies were likely not taught how to communicate their needs in healthy ways. Their parents may have modeled bully-like interactions with others. Many adult bullies were either bullies or bullied as children.

### Combat bullying

- **Take inventory.** How important is the relationship you have with the bully or the activity that you find yourself in with this person? Most likely it will be easier to deal with an adult bully outside of the workplace where your livelihood is not threatened. If the bully is a member of your family, it may be more challenging. As you take inventory, consider your roles and values.
- **Consider the motivation and the psychological state of the bully.** Many bullies have been victims of bullying or abuse themselves. They may feel insecure or inadequate and be putting you down to make themselves appear more powerful.

## BULLYING: WHEN ADULTS ARE THE VICTIMS (CONTINUED)



*“Don’t take the bully’s behavior personally. His actions have nothing to do with you and everything to do with his own pain.”*

- **Don’t take the bully’s behavior personally.** His actions have nothing to do with you and everything to do with his own pain.
- **Document what’s happening.** Where and when does the behavior occur? Record the words the bully has said to you. If e-mail or texts have been sent, print them. Although each incident is significant, it is the pattern that cannot be explained away.
- **Pay attention to your physical and emotional reactions, and remain calm.** Does your heart race, your stomach get knotted, your head pound? Do you feel afraid, anxious or uncomfortable? Practice taking deep, slow breaths and visualize yourself remaining relaxed in the presence of the bully. Bullies are looking for an emotional reaction, not a calm, problem-solving response.
- **Decide what course of action to take.** If you get angry, your judgment gets clouded and you may say something you will regret later. If you withdraw, you suffer in silence and the cycle continues. Ask yourself if it is possible to distance yourself from this person. If your connection is through a volunteer position, might you find an alternate committee? If the person is a member of your family, might you choose to spend less time together?
- **Assess your nonverbal behaviors.** Body language and tone of voice convey 93 percent of a face-to-face message. Maintain an open body posture (don’t cross your arms or glare). A calm, direct voice tone conveys assertiveness.
- **If you decide to assertively confront the bully, talk to the person privately.**
  - Use “I messages” to calmly and objectively describe an example of the person’s behavior and your feelings, and to request a behavior change. In the school committee example above, the person might say, “At the last meeting, when I suggested having a silent auction, you interrupted me and said, ‘That will never work!’ I felt devalued and disrespected. When I have a suggestion, I would like you to listen, acknowledge my idea and let the committee discuss it.”
  - Tell her why this will be better for both of you. A common goal works well: “This way our committee can be more effective and successful with the fundraiser.”
  - When communicating, having both of you seated is more effective than standing.
- **If you decide on a different course, try creating a distraction, changing the subject or “killing him with kindness.”** Try using humor or a well-chosen word or kind action to disarm the bully. For example, if a bully says, “You are so stupid!” You might say, “I understand you being annoyed by this problem, but let’s focus on discussing the best solution for this issue.”
- **Remove yourself from the situation.** You must work to change your own response to bullying by being assertive and setting healthy boundaries.
- **Get support.** Confide in someone you are close to—a family member, partner or close friend. An employee assistance professional can coach you in effectively handling strong negative emotions such as anger, shame, anxiety and depression that can result from bullying.

By Kristen Hooks, Med, LPC, LMFT, CEAP ©2011 Achieve Solutions

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## INTENSIVE CASE MANAGEMENT

*“Close coordination with treating providers is a key ingredient for a successful outcome within the ICM program.”*

ValueOptions® offers an Intensive Case Management (ICM) program to address the health needs of our most complex and highest risk members. We identify potential participants through our predictive model analytics and through real time referrals from providers and from care team members based on established criteria. Criteria for referral may include:

- Multiple IP or ER admissions
- Complex co-morbid behavioral and medical health conditions
- Significant suicidal or homicidal risk
- Multiple unsuccessful Substance Abuse treatment attempts
- Repeated high risk behaviors
- Complex psychiatric cases
- New and unstable high risk diagnosis

Once identified, we outreach to the member; explain the benefits of the program, determine what they would like to accomplish to experience better health, provide a comprehensive assessment of their health and psychosocial needs, and develop a member centric plan of care to address their stated goals. Overall program goals and activities include:

- Experience a healthy and satisfying life.
- Understand personal health care needs and self-care strategies.
- Develop personalized goals based on the individual's needs
- Experience the benefit of coordination of behavioral health care with other health care services
- Overcome specific challenges affecting health
- Access resources available for the individual and care givers

Close coordination with treating providers is a key ingredient for a successful outcome within the ICM program. We identify which providers the member is currently working with and communicate the ICM care plan as well as ongoing progress. When necessary, we contact the provider to adjust the care plan to better meet the member's needs. We also identify service gaps and coordinate connections to new services. To be effective in this process, we welcome input from the treating provider and view our role as a supplement to your primary treatment. We look forward to working with you and the members we serve who are receiving case management services.



## NORTH CAROLINA SERVICE CENTER HIGHLIGHTS VALUEOPTIONS BUPRENORPHINE GUIDELINES

*“Buprenorphine and injectable naltrexone are pharmacological tools in recovery that do not require delivery in a federally approved opioid treatment program.”*

ValueOptions continues to move forward in its initiative to increase the rate of engagement in treatment for opiate dependency. Based on 2010 National Survey on Drug Use and Health, approximately 2 million Americans abuse or are dependent on opiates and over the past ten years the percentage of individuals 12 and older who entered substance abuse treatment as a result of prescription opiate abuse has increased fourfold.

Counseling, involvement in community mutual help programs, and medication management are a cornerstone of treatment. Buprenorphine and injectable naltrexone are pharmacological tools in recovery that do not require delivery in a federally approved opioid treatment program. When appropriately administered, these medications show significant positive outcomes and are an underutilized aid in recovery. Medications alone are less effective without the integration of behavioral and psychosocial approaches.

ValueOptions adopted the **Substance Abuse and Mental Health Services Administration (SAMHSA) TIP # 40, Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction** as well as **An Introduction to Extended-Release Injectable Naltrexone for the Treatment of People with Opioid Dependence**. These documents provide consensus and evidence based guidance on the use of these medications. The goal of the TIP is to provide information that physicians can use to make practical and informed decisions about the use of Buprenorphine and Naltrexone to treat opioid addiction.

A one-page reference sheet based on the TIP is also available [online](#) or by calling **866.719.6032**.



## UPDATE: 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 are considered specialists in their respective fields, as well as feedback from practitioners in the community.

Since January 2013, ValueOptions has reviewed and made revisions to the following guidelines:

- [ADHD Guidelines \(Child/Adolescent\)](#)
- [Eating Disorders](#)
- [Eating Disorders Guideline Watch](#)
- [Major Depression](#)
- [Opioid-Related Disorders](#)
- [Schizophrenia Guideline Watch](#)
- [Schizophrenia Guideline Quick Reference Guide \(PDF\)](#)
- [EAP Guidelines](#)
- **Electroconvulsive Therapy (ECT) Guideline (Retired)**

Practice guidelines are available on the ValueOptions website in the Provider [Handbook](#) section. If you would prefer a paper copy of ValueOptions clinical practice guidelines, please call 800.397.1630, 8 a.m. - 5 p.m. ET, Monday - Friday.

*“The clinical guidelines incorporate content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.”*

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## NATIONAL RECRUITMENT INITIATIVE UNDERWAY FOR APPLIED BEHAVIORAL ANALYSTS (ABA)

ValueOptions is pleased to announce it is recruiting and accepting ABA providers in all states with the following certifications provided by the [Behavior Analyst Certification Board](#):

- BCBA-D®
- BCBA®
- BCaBA®

Credentialing Criteria for these providers can be found [online](#).

Covered diagnoses for ABA services include Autism and developmental brain disorders known as Pervasive Developmental Disorders.

Provider requirements for certification and provision of covered services may vary by state and/or specific ABA legislation.

To learn more about ValueOptions ABA Network, including topics related to clinical process, claims, billing and training, refer to the [ABA Provider Frequently Asked Questions document](#).

We would also like to announce the new regulation in New York State making it clear that the BACB certification, as specified under the original law, would now be sufficient to provide ABA services. For more information please visit the New York State Department of Financial Services website at [http://www.dfs.ny.gov/insurance/re\\_emergr/re201f.pdf](http://www.dfs.ny.gov/insurance/re_emergr/re201f.pdf).

To request to join the ValueOptions ABA Network, call the ValueOptions Provider Services Line at **800.397.1630**, 8 a.m. – 5 p.m. ET, Monday through Friday.



*"To request to join the ValueOptions ABA Network, call the ValueOptions Provider Services Line at 800.397.1630, 8 a.m. - 5 p.m. ET, Monday through Friday."*

## LETTERS TO BE DELIVERED TO PROVIDER'S MAILING ADDRESS

In 2013, ValueOptions will begin sending provider letters, distributed via United States Postal Service (USPS), to the 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 will be a change in procedure. As we want to ensure providers receive this correspondence at the correct address, it is important we have your most current mailing address in our database.

In the coming months, we are asking providers to log into ProviderConnect to verify their mailing address. If there is a discrepancy, submit an inquiry via ProviderConnect or contact our Provider Services Line at 800.397.1630. Providers can also submit a [Practitioner Change of Address Form](#) if their 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.



## VALUEOPTIONS' PROVIDERCONNECT VIDEO TUTORIAL LIBRARY

On ValueOptions.com, ValueOptions features an extensive collection of video tutorials instructing providers on key processes available through ProviderConnect. Some topics include:

- Viewing a member's eligibility
- Viewing and submitting an authorization
- Responding to a Request for Additional Clinical Information
- Entering a member's claim through direct claim submission
- Submitting claim batch files

This library, available at <http://www.valueoptions.com/providers/How-To.htm>, makes it easy for providers to visually see a process step by step, without having to pick up a phone to request support.

As always, providers are welcome to contact us directly with any question or concern related to ProviderConnect at 888.247.9311, Monday through Friday, 8 a.m. – 6 p.m. ET.

*"On ValueOptions.com, ValueOptions features an extensive collection of video tutorials instructing providers on key processes available through ProviderConnect."*

## DSM-5

In May, the American Psychiatric Association (APA) held their annual meeting and released the new DSM-5. The APA is recommending all insurance companies have DSM-5 implemented by January 1, 2014.

ValueOptions will be adopting the DSM-5 coding for clinical purposes and will be working towards the APA deadline. Currently, we are reviewing the existing workflows for capturing diagnostic information and evaluating where modifications will be needed to support the new DSM using the updated diagnostic categories and ICD coding. Our goal is to make the transition as minimally disruptive as possible while capturing the most accurate diagnostic information for review and care coordination purposes.

We will share additional detail around the migration to DSM-5 with the provider community as it becomes available. In the meantime – we have included a few links to various sites where additional information concerning the new DSM is available:

- <http://www.psychiatry.org/dsm5>
- <http://www.dsm5.org/Pages/Default.aspx>
- <http://www.dsm5.org/about/Pages/faq.aspx>

## VALUEOPTIONS ON TRACK PROGRAM

The ValueOptions **On Track** 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.

Individual clinicians with access to the ProviderConnect web portal can access the *On Track* tools. The first time providers use *On Track*, they will be asked to confirm key information used by the program before being connected to the *On Track* forms and tools.

Group practices and group practice administrators will not be able to access *On Track* through ProviderConnect and should send an email to [OnTrackOutcomes@valueoptions.com](mailto:OnTrackOutcomes@valueoptions.com) for information about how to begin using *On Track*.

Providers interested in learning more about this exciting program are encouraged to participate in our webinar on [October 15 from 11 a.m. – 12 p.m. ET](#).

*“ValueOptions will be adopting the DSM-5 coding for clinical purposes and will be working towards the APA deadline.”*



*“Built for users on the go, VO Referrals offers our members portable, easy-to-use access to the information they need, no matter where they are—right in the palm of their hand!”*

## VALUEOPTIONS GOES MOBILE

ValueOptions is pleased to announce the launch of VO Referrals, a mobile app for iPhone®, iPod Touch® and iPad® that makes finding in-network behavioral healthcare providers and facilities quick, easy and secure. Built for users on the go, VO Referrals offers our members portable, easy-to-use access to the information they need, no matter where they are—right in the palm of their hand!

Employees will be able to:

- Find providers and treatment facilities within the ValueOptions networks, and connect with them instantly.\*
- View detailed descriptions of providers and facilities including certifications, specialties, population served, handicap accessibility and languages spoken.
- Customize their search by providers closest to a specific location, the number of results you want displayed onscreen, or even by maximum driving distance.
- Get turn-by-turn directions from their current GPS location without ever having to leave the app.
- Be secure in knowing that the VO Referrals is protected with industry-standard AES 128bit encryption to ensure their privacy.

VO Referrals is now available free of charge at [www.valueoptions.com/mobile](http://www.valueoptions.com/mobile) or on the Apple App Store.

\*Tricare Network providers are not included at this time.

## VALUEOPTIONS UPCOMING PROVIDER WEBINAR SCHEDULE

We welcome our provider community to participate in our upcoming provider webinars.

### **Giving Value Back to the Provider**

We welcome our provider community to this interactive forum where ValueOptions will introduce and discuss the new exciting initiatives for providers. This presentation will familiarize you with administrative, procedural and general information about ValueOptions. Providers learn about electronic means of doing business, including on-line authorizations, Provider Summary Vouchers (PSVs), and direct claim submissions within our provider portal ProviderConnect

[Thursday, December 5, 2013 2 p.m. to 4 p.m. ET](#)

[Friday, December 6, 2013 11 a.m. to 1 p.m. ET](#)

### **Introduction to On Track Outcomes**

Join us for an overview of the **On Track** program. *On Track* 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.

[Tuesday, October 15 from 11 a.m. – 12 p.m. ET](#)

