

September  
2014

# VALUED PROVIDER eNEWSLETTER

## SPOTLIGHT:

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## COPING WITH SUICIDE IN THE WORKPLACE

Recent studies show that almost one-quarter of Americans has sought treatment for mental health issues at some point in their lives. The vast majority deal with problems while remaining fully engaged with their work and family. However, as many as 11 million people have suffered periods of severe depression or addiction, and among those, many say they have considered suicide.

Suicide is a desperate act carried out by people who feel helpless against seemingly insurmountable problems. They may want to ease their pain, or ease the pain of loved ones.

When a person dies this way, the news can devastate family members, workplace friends, colleagues, carpool buddies, a contractor or a boss.

Gabriela Cora M.D., M.B.A., a psychiatrist and corporate consultant specializing in health and wellness in the workplace, advises employers to develop a plan in advance that gives employees guidance if they suspect a colleague may be desperate enough to take his/her life, as well as a plan to provide crisis/grief services to employees if a suicide does occur.

"Companies should not assume people are going to know what to do," she says. "They may be in shock. Management may have to help them out."

People contemplating suicide may be unusually quiet, talk of going away, suddenly dispose of belongings, become interested in training someone to do their job, or leave a note because they are too depressed to think someone will notice, or because they may want someone to notice.

If you are a co-worker or manager and suspect someone is going through a rough time, open the door for communication. Don't be afraid to invade the person's privacy. Reaching out to someone in trouble can make all the difference.

### **Don't wait for a desperate act**

"Most people who attempt suicide and are severely depressed and have been thinking about it long before they do it," says Cora. "The earlier you can intervene, the easier it is. If someone is talking about death, get your antenna up. Don't normalize talk about death."



## COPING WITH SUICIDE IN THE WORKPLACE, CONT'D.

If you find a note or overhear a person talking about taking his/her life, Cora says you should take those signs seriously. Tell the person you are concerned and want to help.

### Be proactive

You can say, "I want to get you the help you need so you will be OK. Do you want me to talk to someone, or do you want us to do it together?" If you sense imminent danger, don't take no for an answer. "I would not let that person go home if I were not convinced he or she would be fine," Cora says.

### When in doubt, err on the conservative side

Hopefully, the employee will be able to see a health care provider. If the first indication of a problem is the terrible news that someone has taken his/her life, management should work quickly and carefully to help employees deal with the aftermath of death.

### Don't hide the facts

Give the necessary details so co-workers can begin to process what has happened.

Whether co-workers interacted with the person every day or from time to time, they need *immediate support and direction*. Specifically, they need:

- A chance to express their feelings and support each other.
- A way to express condolences to survivors.
- A short-term plan and long-term plan to maintain workflow.
- Information on where and how to receive individual grief counseling, if necessary.
- The assurance that management is empathetic and concerned about the well being of employees.

After news of a suicide, no one should be expected to pick up and go back to work as if nothing happened. People should be gentle on themselves and those around them, at work and at home. Pay attention to your stages of grief. They might include:

- **Shock.** You keep asking yourself if you are dreaming. How could this happen to someone you know?
- **Denial.** You may look for someone or something to blame, denying the idea that your friend could choose to end his/her life.
- **Anger.** You may find yourself angry that the person left you. Or, you may be angry about the circumstances that led to it.
- **Guilt.** Friends sometimes blame themselves—a lot or a little—for not doing whatever they could to prevent a suicide.
- **Despair.** Expect sadness and feelings of vulnerability or hopelessness for a time.

*"After news of a suicide, no one should be expected to pick up and go back to work as if nothing happened. People should be gentle on themselves and those around them, at work and at home."*

## COPING WITH SUICIDE IN THE WORKPLACE CONT'D.

You may have emotional ups and downs for days, weeks or even months. You may even consider suicide yourself. If these thoughts linger, get bereavement counseling through your health care provider or a professional counseling service.

If you or your loved one are in a crisis and need help immediately, call (800)273-TALK (8255) or (800-SUICIDE) (784.2433) any time or day. Or visit [www.suicide.org](http://www.suicide.org) online. These 24-hour-a-day suicide prevention lifelines are free services, available to anyone. All calls are confidential.

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## VALUEOPTIONS CREDENTIALING SUPPORTING

ValueOptions requires credentialing and re-credentialing for all *participating providers*, including individual practitioners and organizations (clinics, facilities or programs). Credentialing and re-credentialing are not only a ValueOptions requirement for participation or continued participation in its network, but is also required by state and federal laws. Failure to submit a completed application with all required documents will result in denial of participation in any ValueOptions network or the termination from a ValueOptions network.

The ValueOptions **Disclosure of Ownership form** is one example of required supporting documentation needed to complete your credentialing/re-credentialing process. Failure of a provider to submit and complete all required supporting documentation may result in rejection of a request for participation status with ValueOptions. Providers who subscribe to CAQH must attest to your provider information every 120 days. In this case, there is no need to send ValueOptions a credentialing or re-credentialing application. Instead, simply fax the Disclosure of Ownership form to ValueOptions and include your CAQH provider number.

To comply with federal law, providers contracted/contracting for a government line of business (Medicaid, Medicare or Military OneSource) are required to provide certain information regarding their ownership and control. The Centers for Medicaid and Medicare Services (CMS) requires ValueOptions to obtain this information to demonstrate that we are not contracting with an entity that has been excluded from federal and state health programs, or with an entity that is owned or controlled by individuals who has been convicted of a criminal offense, have had civil monetary penalties imposed against them, or have been excluded from participation in Medicare or Medicaid.

For additional information, contact the Provider Services Line at **(800) 397-1630** between 8 a.m. and 8 p.m. ET, Monday through Friday.



*“The ValueOptions Disclosure of Ownership form is one example of required supporting documentation needed to complete your credentialing/re-credentialing process.”*

## SUBMIT CLAIMS ELECTRONICALLY, RECEIVE PAYMENT WITHIN A WEEK

Providers within the ValueOptions network who use electronic solutions for claim submission receive payment significantly faster than providers who submit paper claims. By submitting an accurate claim with all required information, providers often receive payment within one week of submitting a claim.

If you are a provider who still submits paper claims to us, we highly recommend you soon make the transition to electronic solutions for not only claim submission, but also verification of eligibility inquiries, submission of authorization requests, submission of credentialing/re-credentialing applications, and electronic fund transfer. Leveraging the benefits of electronic solutions for all of these types of transactions result in time and cost savings for all of us, and enables you to spend more time with those who matters most, your members.

With ValueOptions' E-Commerce deadline of January 1, 2015 fast approaching, it is important that all participating providers become comfortable with the solutions available to them and aware of the many benefits of using E-Commerce. If you haven't already done so, please visit our E-Commerce Requirements Web page, at <http://valueoptions.com/providers/E-Commerce.htm>, which details available solutions, training and much more. For easy reference, please also refer to the chart below that depicts the available electronic solutions by transaction type.

Transaction Type	Electronic Resource
<ul style="list-style-type: none"> <li>• Authorization requests</li> <li>• Eligibility</li> <li>• Re-credentialing applications</li> <li>• Updating of provider demographic information</li> <li>• Provider claims and authorization status checks</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>ProviderConnect*</u></a></li> </ul>
<ul style="list-style-type: none"> <li>• Claim Submission</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>ProviderConnect*</u></a>, <a href="#"><u>Clearinghouses</u></a> (payer ID is FHC &amp; Affiliates), <a href="#"><u>ValueOptions Electronic Data Interchange Claims Link for Windows® Software</u></a></li> </ul>
<ul style="list-style-type: none"> <li>• Electronic Fund Transfer</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>PaySpan® Health*</u></a></li> </ul>
<ul style="list-style-type: none"> <li>• Re-credentialing and Credentialing applications</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>CAQH</u></a></li> </ul>

*\*Some all electronic solutions may not be available to participating providers due to contract type.*

Technical Questions regarding our E-Commerce requirements and/or using ProviderConnect, ValueOptions' secure and HIPAA-compliant provider portal, can be directed to our EDI Help Desk at **888-247-9311** between 8 a.m. and 6 p.m. Eastern Time, Monday through Friday or by e-mail at [e-supportservices@valueoptions.com](mailto:e-supportservices@valueoptions.com).

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*“By submitting an accurate claim with all required information, providers often receive payment within one week of submitting a claim.”*



## DOES YOUR PATIENT HAVE A BIPOLAR AND AN ALCOHOL DISORDER?

Bipolar and alcohol use disorders commonly co-occur. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), over 8.9 million persons have co-occurring disorders; that is they have both a mental health and substance use disorder. Only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all.<sup>1</sup>

The National Institute of Mental Health reports, "Some people with bipolar disorder may try to treat their symptoms with alcohol or drugs. Substance abuse can also trigger or prolong bipolar symptoms, and the behavioral problems associated with mania can lead to drinking too much."<sup>2</sup>

ValueOptions developed a screening program for members who are diagnosed with a Bipolar Disorder and who may have a co-existing alcohol use disorder, the Co-Occurring Bipolar and Alcohol Use Screening Program. Managed by the Intensive Case Management (ICM) team, members with a bipolar disorder diagnosis will be screened using the Alcohol Use Disorders Identification Test (AUDIT), developed by the World Health Organization (WHO). Members who are identified as at risk for a coexisting alcohol disorder will be assisted with education, referrals and support with recovery needs.

The AUDIT was developed by the WHO as a simple method of screening for excessive drinking and to assist in brief assessment. Screening offers the opportunity for practitioners to take preventative measures that have proven effective in reducing alcohol-related risks.<sup>3</sup> It is an effective, brief screening tool that can be administered in an office setting.

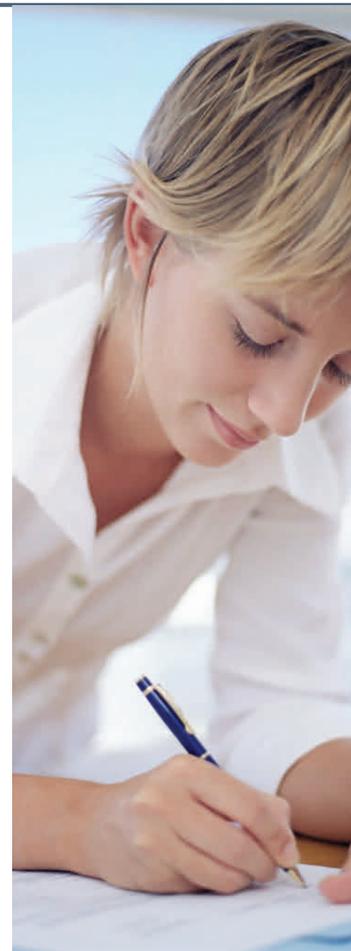
The impact of alcohol use disorders on persons with a bipolar disorder can be significant and result in poorer outcomes. The Co-Occurring Bipolar and Alcohol Use Screening Program was developed to identify these members and to assist with education, support and treatment needs.

For more information on this program or for suggestions and questions please visit our website, [www.valueoptions.com](http://www.valueoptions.com).

<sup>1</sup> <http://www.samhsa.gov/co-occurring/topics/data/disorders.asp>

<sup>2</sup> <http://www.nimh.nih.gov/health/publications/bipolar-disorder-in-adults/index.shtml>

<sup>3</sup> [http://www.who.int/substance\\_abuse/activities/sbi/en/](http://www.who.int/substance_abuse/activities/sbi/en/)



*"ValueOptions has developed a screening program for members who are diagnosed with a Bipolar Disorder and who may have a coexisting alcohol use disorder, the Co-Occurring Bipolar and Alcohol Use Screening Program."*

## VALUEOPTIONS NORTH CAROLINA ENGAGEMENT CENTER BUPRENORPHINE GUIDELINES

One of ValueOptions' initiatives is to increase the rate of engagement in treatment for opiate dependency. Based on a 2010 National Survey on Drug use and Health, approximately two million Americans abuse or are dependent on opiates. Over the past 10 years, the percentage of individuals 12 and older who entered substance use 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 available for easy reference. Please call **(866)719-6032** for a copy if you do not have Internet access.

## NEW YORK CITY QUALITY CORNER UPDATE

The ValueOptions New York City Engagement Center is committed to maintaining excellence in care and service in behavioral health treatment.

Learn more about the Quality Updates for the following:

- Quality improvement activities
- Behavioral health screening programs
- Clinical practice guidelines
- Member rights and responsibilities
- Utilization management criteria

To view the New York City Engagement Center's 2014 Quality Corner newsletter, visit [www.valueoptions.com](http://www.valueoptions.com), click on Providers, Network-Specific Websites, then click the New York City Health Plans.

*“Once again, ValueOptions will be accepting the new diagnostic descriptions and gathering data as recommended by APA for clinical processes and accepting the appropriate ICD-9 codes for those diagnoses for the remainder of 2014 and onward.”*



*“The ValueOptions New York City Engagement Center is committed to maintaining excellence in care and service in behavioral health treatment.”*



## REMINDER: REAL-TIME UPDATING OF PROVIDER PROFILES AVAILABLE THROUGH PROVIDERCONNECT®

Has your provider address, phone number, fax number or billing location recently changed? To ensure there are no delays in receiving correspondence from ValueOptions, we recommend you verify your provider profile information by visiting ProviderConnect, our secure provider portal. As communicated in prior newsletters, ValueOptions added a system enhancement to ProviderConnect, which allows providers to view and update their active service locations, telephone and fax numbers and billing locations.

To get started, log into ProviderConnect and click on the "Update Demographic Information" link on the ProviderConnect home page.

Further instructions are summarized in Section 18 of the **ProviderConnect User Guide**. If you have specific ProviderConnect questions or concerns, you can also call the EDI Help Desk at **(888)247-9311** 8 a.m. to 6 p.m. ET.

## UPCOMING PROVIDERCONNECT® WEBINARS

### An Overview of ProviderConnect

This webinar will provide a high level overview of the platform and a detailed look at direct and batch claim submission, authorizations and role-based security.

Date	Time	Registration Link
Tuesday, September 30, 2014	2 – 3 PM ET	<a href="https://www2.gotomeeting.com/register/552858122">https://www2.gotomeeting.com/register/552858122</a>

Watch for more dates to be announced in October or utilize the video tutorials available on our website under [Education Center](#).

*"The On Track Outcomes Program is designed to help clinicians incorporate client-reported feedback into their counseling and psychotherapy practices."*

## UPCOMING WEBINARS

### Introduction to On Track Outcomes

This webinar provides an overview of this program, designed to support network providers as they help clients stay "on track" in achieving their goals.

Date	Time	Registration Link
Wednesday, September 24, 2014	11 AM – 12 PM ET	<a href="https://www2.gotomeeting.com/register/759742962">https://www2.gotomeeting.com/register/759742962</a>

### ValueOptions Presents "Giving Value Back to the Provider"

This forum will introduce and discuss the new exciting initiatives for providers and familiarize you with administrative, procedural and general information about ValueOptions.

Date	Time	Registration Link
Thursday, September 11, 2014	2:– 4 PM ET	<a href="https://www2.gotomeeting.com/register/725166450">https://www2.gotomeeting.com/register/725166450</a>
Friday, September 12, 2014	11 AM – 1 PM ET	<a href="https://www2.gotomeeting.com/register/237068874">https://www2.gotomeeting.com/register/237068874</a>

### FIDA Training Coming Soon!

As we approach the January 1, 2015 deadline, ValueOptions will be scheduling online trainings for providers participating in the Fully Integrated Duals Advantage (FIDA) program. FIDA is a federal program which incorporates all Medicare and Medicaid behavioral health, physical health, and long-term support services. Participating providers are required to complete an online training offered through ValueOptions.

