

May 2015

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Dispelling Myths about Mental Health to Overcome Stigma

Although an estimated 25 percent of Americans will experience a mental disorder in any given year, fewer than one-third of adults and one half of children with a diagnosable mental disorder receive any mental health services. Stigma still discourages people from getting help, despite advances in education and research. By learning the truth about mental illness and encouraging others to do the same, you can help lessen the stigma.

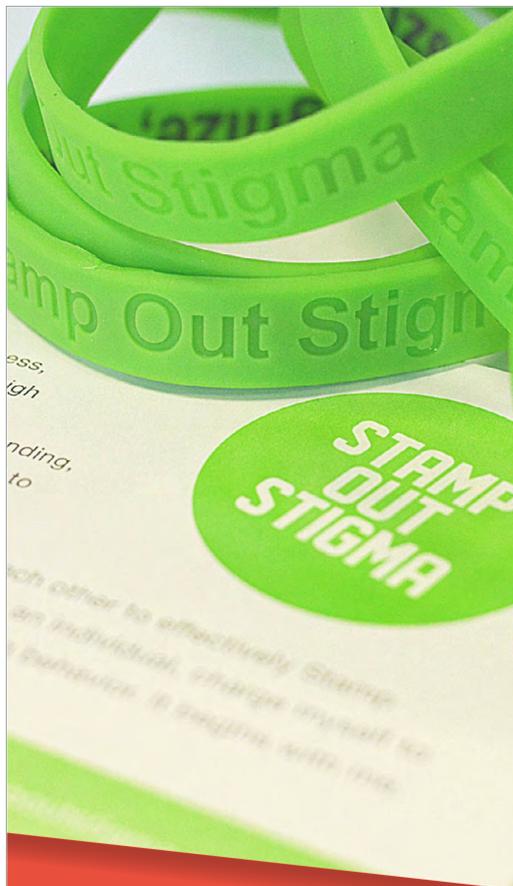
What is stigma?

“Stigma” describes the shame, fear and discrimination that results from stereotypes surrounding mental illness. It can affect people with a mental illness psychologically and even economically, when it comes to finding housing and employment. Stigma can cause family tension and rejection. It also leads to fear, mistrust and violence against people with mental illness.

“As a society, we are bombarded with negative images of mental illness,” explains Michelle Pruett Nostheide, Director of Public Education at Mental Health America. “The media and entertainment industries overwhelmingly present people with mental illness as dangerous, violent and unpredictable individuals,” Nostheide says.

Myths about mental illness

Media stereotypes often portray people with mental illness as failures or villains, and terms such as “schizophrenia” and “psychotic” are frequently misused.



“Even in the last decade, the media has become more sensitive to mental illness. The general public also has become more knowledgeable. However, there still is a long way to go.”

“In my position, I see outrageous marketing campaigns, movie trailers, commercials, even children’s toys, that paint an unfair picture of people with mental illness, or use mental illnesses as a source of ridicule or humor,” she says. “People that know someone with a mental illness or have one themselves are offended or saddened by these portrayals, but the real damage is done when people who have no experience with mental health accept these stereotypes and pass them on.”

You’ve probably heard some of these common myths about mental illness:

Myth: People with mental illness fake symptoms. They’re really just being irresponsible.

Fact: According to a survey by Mental Health America, almost 1 in 3 Americans say they believe depression is a “state of mind.” Behaviors resulting from mental illness can’t be controlled at will. “You’d never hear 31 percent of the population deny that diabetes and heart disease are real,” notes Michael Faenza, former President and CEO of Mental Health America.

Myth: Severe mental illness can’t be treated.

Fact: The efficacy of treatment for severe mental illness can be compared to that in other branches of medicine—including surgery, reports research psychiatrist E. Fuller Torrey in his book *Out of the Shadows: Confronting America’s Mental Illness Crisis*.

Myth: People with mental illness are violent.

Fact: The overall contribution of mental disorders to the level of violence is very small, Nostheide says. “Research has shown that the vast majority of people who are violent do not suffer from mental illness,” she explains. “In cases where violence does occur, the incident typically results from the same reasons as with the general public, such as feeling threatened or excessive use of alcohol or drugs.”

Myth: Children and teens don’t experience mental illness.

Fact: Twenty-one percent of children ages 9 to 17 have a diagnosable mental illness. Half of all lifetime cases of mental illness begin by age 14. Early identification can significantly improve quality of life.

You can help

Even in the last decade, the media has become more sensitive to mental illness. The general public also has become more knowledgeable. However, there still is a long way to go.

Most importantly, educate yourself. You can then help educate others and gently point out stigmatizing behavior. Further, you can insist on media and government accountability. Contact your local mental health organization or the offensive media outlet when you hear stereotyping and support funding and legislation that improves mental health care. Finally, treat people who have a mental illness with the same dignity and respect that you would give to anyone else.

Resources

Mental Health America - www.nmha.org

The Substance Abuse and Mental Health Services Administration - www.samhsa.gov

By Kristen Knight

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Source: Michelle Pruett Nostheide, Director of Public Education, and Michael Faenza, President and CEO, National Mental Health Association; The U.S. Substance Abuse and Mental Health Services Administration; *Out of the Shadows: Confronting America's Mental Illness Crisis* by E. Fuller Torrey, MD. John Wiley & Sons, 1997; *Surviving Mental Illness: Stress, Coping, and Adaptation* by Agnes B. Hatfield and Harriet P. Lefley. The Guilford Press, 1993; *Your Mental Health: A Layman's Guide to the Psychiatrist's Bible* by Allen Frances, MD, and Michael B. First, MD. Scribner, 1998.

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Beacon Health Options: The Road Ahead Medical Necessity Criteria and Treatment Guideline Updates

Recently, clinical criteria was reviewed to ensure they support the clinical philosophy embodied by both parent companies, Beacon Health Strategies and ValueOptions. In addition to rebranding updates, one additional statement has been added to all criteria: "While level of care determinations are considered in the context of an individual's treatment history; Beacon Health Options never requires the attempt of a less intensive treatment as a criterion to authorize any service." This statement supports that a member does not need to first fail treatment in another level of care before seeking services.

Medical Necessity Clinical Criteria, Treatment Guidelines, and the Provider Handbook can be accessed through the provider section of the ValueOptions website and clicking on [Provider Handbook](#).

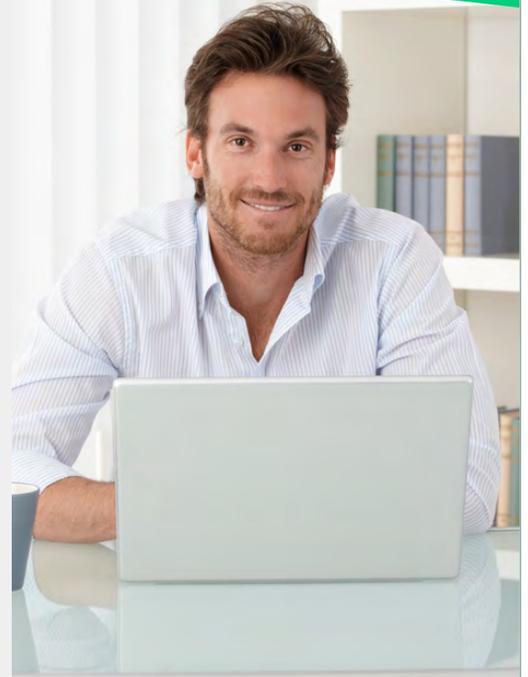
Substance Use Disorders and ASAM Criteria for New York Health Plan Providers

Effective April 1, 2015, ValueOptions began utilizing the American Society of Addiction Medicine (ASAM) for Substance Use Level of Care Criteria for its New York health plan members. The New York Office of Alcoholism and Substance Abuse Services (OASAS) approved ValueOptions' use of the ASAM criteria as required by New York's Substance Use Disorder law. To order a copy of the ASAM criteria, please go to the following [ASAM website](#).

Oscar Health Plan Claims Update

Oscar Health Plan is a growing insurance company that offers coverage to members enrolled in the Exchange Marketplace. They focus specifically on providing quality services to their members in the New York City area, Long Island, and soon will extend to other regions of the United States. ValueOptions manages all behavioral health benefits for all Oscar Health Plan members.

ValueOptions has recently identified that Oscar member cards note only medical claims submission information. All Oscar behavioral health claims



should be submitted directly to ValueOptions electronically or at the following address:

ValueOptions, Inc.
PO Box 1347
Latham, NY 12110

Please contact the Provider Claims Customer Service Team (877) 759-5722 with any questions regarding Oscar Health Plan claim submission.

Aftercare Appointments Following Inpatient Discharge

IMPORTANT for NYS providers: Please read this carefully and share with all appropriate clinical and administrative staff.

As a reminder, NYS Office of Mental Health (OMH) issued pertinent guidance effective December 10, 2014 clarifying OMH's policy regarding aftercare appointments for patients discharged from inpatient psychiatric units.

Summary:

Members being discharged from psychiatric inpatient units in New York State are now required to be referred to an outpatient mental health provider for a scheduled appointment at a specified date and time, within five business days of discharge;

Clinic open access or "walk-in" appointments do not meet appropriate standards of aftercare services for this population.

OMH Policy:

As per OMH policy, members being discharged from psychiatric inpatient units should:

- Have an appointment scheduled with an appropriate outpatient mental health clinic provider within **five** business days of discharge.
- The appointment must specify a date, time, and location for the member to meet with a clinic staff member who must complete an intake and/or assessment.
- In addition, face-to-face assessment must be provided in an expedited manner as appropriate for the member's clinical condition. This includes the provision of medication.

OMH **also** requires outpatient providers who scheduled the appointment within five business days to assertively engage and follow up if the patient does not show up.

Open Access not Sufficient:

OMH has supported clinic open access or "walk-in" outpatient appointments as a means to facilitate appointments for many individuals.

Open access is not a satisfactory alternative for members transitioning from a higher level of care such as psychiatric inpatient unit.

Inpatient or outpatient psychiatric services who utilize open access, in place of a scheduled post-hospital care appointment, are not meeting existing, and clinically necessary standards of care.

If you have any questions, please contact the customer service team based on the number for behavioral health found on the member's medical ID card.



"Members being discharged from psychiatric inpatient units in New York State are now required to be referred to an outpatient mental health provider for a scheduled appointment at a specified date and time, within five business days of discharge."

ABA: Upcoming Coding Changes

The American Medical Association (AMA) recently published CPT® Category III temporary codes for Adaptive Behavioral Assessments & Treatments. The AMA publishes temporary codes to allow for data collection for emerging technology, services and procedures. These “temporary codes” were published with the AMA’s intention that they be used beginning on July 1, 2015.

ValueOptions will move towards the new coding system effective July 1, 2015. You can also view a complete listing of the [ABA billing codes with descriptions](#).

ValueOptions is committed to ensuring this change is implemented thoughtfully. Our goal is to provide you with important information about how we will move forward effective July 1, 2015 with the new codes that have been established for use in lieu of the current coding. We invite you to join us for one of our ABA Provider Update webinars, where we will discuss upcoming coding changes as well as our ProviderConnect portal. Click a date below to register for a session that works for you:

[Thursday, May 28, 2015 11:00 a.m. - 12:00 p.m. ET](#)
[Tuesday, June 30, 2015 11:00 a.m. - 12:00 p.m. ET](#)
[Tuesday, July 7, 2015 11:00 a.m. - 12:00 p.m. ET](#)

The presentation slides will also be accessible following our May session and will be posted to our [ABA Network Specific page](#).

For additional information, please review our recently updated [ABA Provider Frequently Asked Questions](#).

Attention ABA Providers who Serve GHI Members

At this time, GHI will not be moving to the new codes effective July 1, 2015; therefore, providers will need to continue to use the current HCPCS codes until further notice. We recognize this means billing with two different sets of codes. The New York Provider Relations team is prepared to assist if you have additional questions or concerns. You may email newyorkservicecenter@valueoptions.com and indicate that you want to discuss GHI and the new ABA codes.

Introducing the Vermont Integration Profile

Beacon Health Options is pleased to announce the launch of the Vermont Integration Profile (VIP), an integration measurement tool created in partnership with the University of Vermont and other collaborators. Our hope is that this profile will aid you in better understanding the features of your current clinical practice and make decisions about how to approach integrated primary care.

As behavioral health care becomes more prevalent in primary care, so does the need to have instruments to measure and evaluate associated processes. Recently, we also introduced the Integrated Practice Assessment Tool (IPAT). Like the IPAT, the VIP is meant to help you and your practice assess where you are with your integration efforts. It can be used in conjunction with or independently of the IPAT. Because the VIP assesses your practice along various dimensions related to integrated care, it can be useful for quality improvement planning. It can also provide

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comparisons between practices with similar characteristics (such as geography or practice type).

The profile takes about 10 minutes to complete. It is accessible in any state and is available in the public domain, free of charge.

It is important to remember that the field of integrated primary care is relatively young. Evaluation of the VIP is ongoing and we do not guarantee that your practice's performance on the survey corresponds to evidence-based practice or improved patient outcomes.

For more information on the VIP, including an introduction to the profile, interpretation guide, live and practice versions, please click "Access Resources" at the bottom of the [Integrated Care Toolkit](#).

The VIP was created by Rodger Kessler, PhD, and Ben Littenberg, MD (University of Vermont), Andrea Auxier, PhD (Beacon Health Options), Daniel Mullin, PsyD, MPH (University of Massachusetts), and CR Macchi (University of Arizona).

ICD9 to ICD10 - Coming Attractions

On April 1, 2014, the President signed into law legislation passed by the House and Senate delaying ICD-10. The Centers for Medicare and Medicaid Services (CMS) has announced the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10 is October 1, 2015. ValueOptions plans to be in full compliance with CMS for coding rules as of October 1, 2015.

Clinical Implications

For authorization purposes, the ICD coding that can be used for requesting authorization of services is determined by the effective start date of the authorization request. If an authorization has a requested start date on or before September 30, 2015, the coding available for use in the system is ICD-9 format. All authorization requests with requested start dates on or after October 1, 2015 will be formatted using ICD-10 format. Authorizations can span the cross-over date; it is not necessary to put in separate requests for dates prior to October 1st and then October 1st and later - any authorization started before October 1st will be accepted in the system using ICD-9 coding.

Claims Implications

For purposes of claims payment, the correct ICD coding should be utilized based on the date of service. For dates of service prior to October 1, 2015, the ICD-9 coding format should be utilized. For dates of service October 1, 2015 and later the ICD-10 coding should be the format utilized. Claims will need to be split between these two dates if submitting for a range of dates. This applies to all claims regardless of the method of submission.

Resources

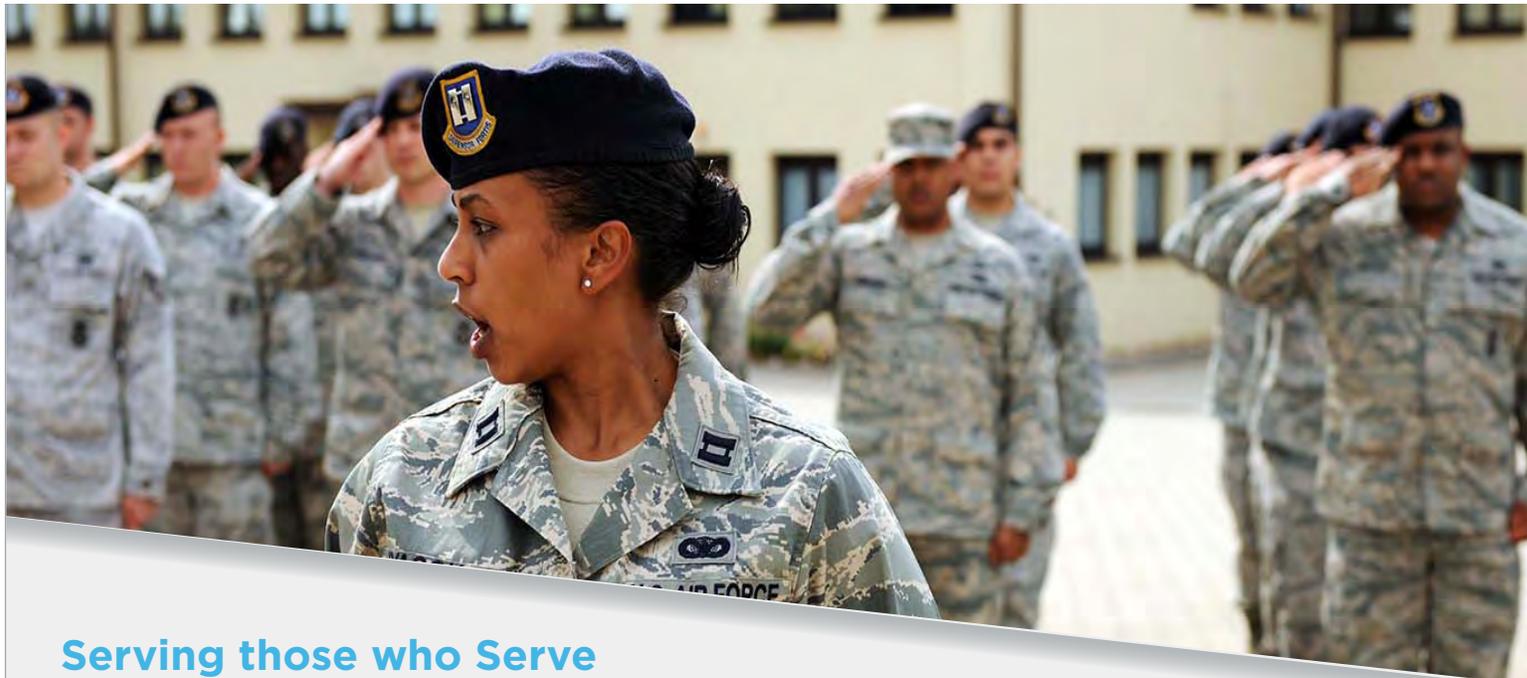
ValueOptions will continue to provide ICD updates to keep our provider community informed throughout the year through our provider Spotlight, the ValueOptions provider newsletter, webinars, FAQ documents and training guides.

Register today for one of our upcoming ICD trainings, which will discuss how ICD this will impact provider interactions with ValueOptions:

[Wednesday, May 27, 2015 from 10:00-11:00 a.m. ET](#)

[Thursday, June 11, 2015 from 10:00-11:00 a.m. ET](#)

If you have additional questions, please call the ValueOptions Provider Services Line at (800) 397-1630 between 8 a.m. to 8 p.m. ET, Monday - Friday.



Serving those who Serve

As valued network providers, we want you to be the first to know about an exciting new opportunity to serve our military. Your dedication and high quality service to our members has not gone unnoticed, and we would like to invite you to become a part of our provider panel to serve this large military population. This opportunity is open to mental health and substance abuse providers at every level and licensure, it is not exclusive to non-clinical counseling. If you are interested and would like more information, please email ServicingOurMilitary@ValueOptions.com.

Provider Treatment Record Documentation

ValueOptions Quality Management Departments conduct annual audits of patient treatment records. These audits mirror behavioral health best practice standards as a contractual obligation for all ValueOptions providers.

These requirements are set forth in your provider contract and noted in the [ValueOptions Provider Handbook](#). ValueOptions has adopted treatment record documentation standards to assure that records are maintained in an organized format, which permits effective and confidential patient care and quality review. These standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment.

The treatment record is an essential tool for patient care in a time of increasing documentation requirements for providers. It is used by providers to manage patient care, communicate with other providers and to monitor progress toward patient treatment goals. The old adage “if it isn’t documented, it wasn’t done” continues to be a standard of regulatory agencies today.

The National Committee for Quality Assurance Guidelines for Medical Record Documentation states, “Consistent, current and complete documentation in the medical record is an essential component of quality patient care” (www.ncqa.org).

Key components of documentation include:

- All entries are legible, signed and dated
- A complete patient history and assessment, including past and current health status
- Coordination of care with medical and other behavioral health providers, including all required releases
- Treatment plans, including goals, barriers, interventions and progress
- Patient education and patient understanding of the plan of care

The treatment record should be maintained in a manner that is current, comprehensive, detailed and organized. This documentation assists providers in assessing progress, barriers, and revising the plan of care as needed. It is also evidence of care provided, care coordination and patient involvement in the treatment process.

The ValueOptions Provider Handbook has additional information and resources for our providers. The Handbook, as well as other provider information, is available on the [ValueOptions website](#).

Tips and Tricks: Keeping your Provider File Current

ValueOptions recognizes that it can be a challenge to keep information organized when you work with many different managed care organizations. Having the ability to utilize [CAQH](#) (the Council for Affordable Quality HealthCare) and our online portal, [ProviderConnect](#),

has made it easier for commercial providers to share information with us. We hope these tips help us help you maintain a current provider file, which in turn will enable more timely, accurate member referrals and claim payments for you and/or your practice.

Addresses and Contact Information

When you move, you complete a change of address form through the post office to forward your mail. However, this does not always prompt a business to change your address in their system. This is one reason why ValueOptions added the "Update Demographic" feature to [ProviderConnect](#). This functionality saves you time because you can update your contact information online and see the changes reflected immediately. And if you forget? That's okay, you can update service and billing information up to a year after the address became effective.

Note: There are some limitations to updating your information online. If your Tax ID is not on file with us yet, you will need to fax or mail a paper change of address form and W9 for documentation purposes. These forms can be found in our [administrative forms](#). In addition, some contracts have specific requirements where addresses need to be updated through a different entity first before ValueOptions can update your file. Here is a list of our [network specific pages](#).

Malpractice Liability Insurance

Most insurance policies update annually; however, we recredential providers every three years. Please be sure to update [CAQH](#) with your malpractice information as soon as you receive your renewal. If ValueOptions has your CAQH ID on file, this information can be retrieved as needed. If you do not participate with CAQH, you can fax your malpractice liability face sheet to (866) 612-7795. Please indicate your NPI and ValueOptions' six digit provider number on all correspondence.

Professional License

Different states have different guidelines for when professional licenses renew. This information is accessed during recredentialing, but if your license renews in between that cycle, you should share that information

with us to keep your file current. This can also be updated through CAQH and obtained by ValueOptions if necessary. If you do not participate with CAQH, you can fax your professional license to (866) 612-7795. Please indicate your NPI and ValueOptions' six digit provider number on all correspondence.

May ProviderConnect Webinars

At ValueOptions, we realize how much time it takes for you, our valued provider, to manage your paperwork associated with claims, authorizations and billing. We also realize the impact this burden can have on your cash flow and more importantly, the time you spend with your patients.

We continue our ProviderConnect webinar series as part of our E-Commerce Initiative to assist providers with eliminating paperwork for authorizations and claims. ProviderConnect also offers processes to check routine information such as eligibility verification, payment reconciliation through online Provider Summary Vouchers, and claim or authorization status review.

For an in-depth demonstration of claim submission and review through ProviderConnect:

Register Today!

[ProviderConnect Claims](#)
Thursday May 7, 2015 2:00-3:00 p.m. ET

For a broader introduction to the ProviderConnect platform:

Register Today!

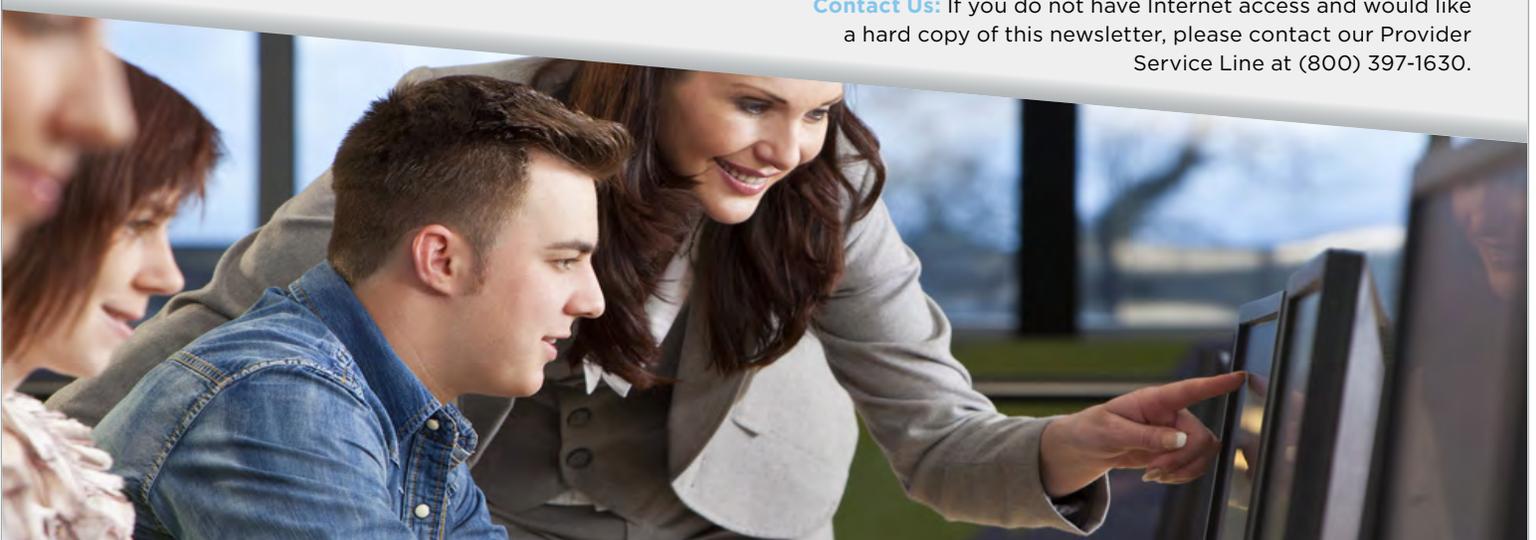
[An Overview of ProviderConnect](#)
Thursday May 14, 2015 3:00-4:00 p.m. ET

For more detailed training on how to electronically view and request authorizations.

Register Today!

[Authorizations on ProviderConnect](#)
Wednesday May 20, 2015 2:00-3:00 p.m. ET

Contact Us: If you do not have Internet access and would like a hard copy of this newsletter, please contact our Provider Service Line at (800) 397-1630.



UPCOMING WEBINARS

ProviderConnect

These webinars are designed to review our ProviderConnect system and support the E-Commerce Initiative for network providers.

An Overview of ProviderConnect

Thursday, May 14, 2015	3:00-4:00 p.m. ET	Register Here!
Wednesday, June 17, 2015	2:00-3:00 p.m. ET	Register Here!

ProviderConnect: Claims

Thursday, May 7, 2015	2:00-3:00 p.m. ET	Register Here!
Thursday, June 18, 2015	1:00-2:00 p.m. ET	Register Here!

Authorizations on ProviderConnect

Wednesday, May 20, 2015	2:00-3:00 p.m. ET	Register Here!
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Introduction to On Track Outcomes

Provides an overview of this program, designed to support network providers as they help clients stay “on track” in achieving their goals.

Introduction to On Track Outcomes

Tuesday, May 19, 2015	1:00-2:00 p.m. ET	Register Here!
Tuesday, June 9, 2015	1:00-2:00 p.m. ET	Register Here!

EAP Core Technologies: Updating the Strategies

Provides enhanced awareness of EAP Core Technologies and helps providers deliver optimal EAP services to our clients, their employees and dependents.

EAP Core Technologies: Updating the Strategies

Wednesday, May 13, 2015	11:00 a.m.-12:00 p.m. ET	Register Here!
Tuesday, June 16, 2015	2:00-3:00 p.m. ET	Register Here!

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.

Giving Value Back to the Provider

Thursday, June 4, 2015	2:00-4:00 p.m. ET	Register Here!
Friday, June 5, 2015	11:00 a.m.-12:00 p.m. ET	Register Here!

ICD-10 Provider Overview

Provides an overview of the ICD-10 timeline and upcoming changes to help our provider community prepare for the October 1, 2015 transition.

ICD-10 Provider Overview

Wednesday, May 27, 2015	10:00-11:00 a.m. ET	Register Here!
Thursday, June 11, 2015	10:00-11:00 a.m. ET	Register Here!

ABA Provider Update: Upcoming Coding Changes

Provides detailed information on the upcoming coding changes as well as our ProviderConnect portal.

ABA Provider Update: Upcoming Coding Changes

Thursday, May 28, 2015	11:00 a.m.-12:00 p.m. ET	Register Here!
Tuesday, June 30, 2015	11:00 a.m.-12:00 p.m. ET	Register Here!