

September 2015

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Guidelines for Coping With Change

Some people seek out change, but most resist it. People are creatures of habit. Keeping routines makes us feel safe and secure. Change can create a sense of loss—pain, sadness, and even anxiety or depression. But since both big and small changes are inevitable, you need to be able to adjust. Try these guidelines for coping with change.

The process of change

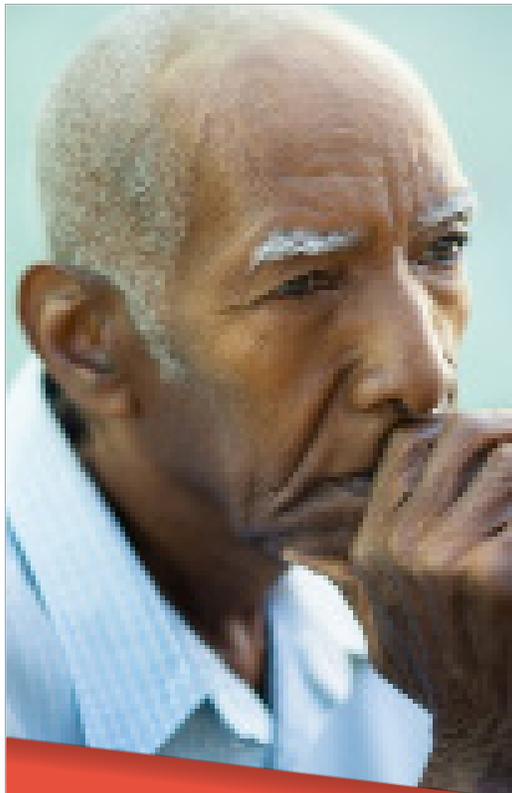
Making the transition from one set of circumstances to another takes time. You can't rush change. Deal with the experience moment by moment, and don't panic if it's difficult to imagine yourself too far down the road. Instead, think of change as a process:

- **The ending**—This stage involves either voluntarily or involuntarily ending an attachment to an old way of doing things, or a familiar person, place or job.
- **The transition**—In this stage, people start to let go and move on. This stage can be easier if you know what to expect in the future.
- **The beginning**—In time, people take ownership of change. Once you've moved along in the transition, you'll begin to return to a sense of normalcy.

Fostering new beginnings

You can't force your acceptance of change, but you can make the process easier. These ideas may help:

- **Expect a reaction to the change.** Realize that it's normal to feel sad or angry. Let yourself grieve. Don't try to downplay your emotions. Avoid saying, "I don't know why this is affecting me this way."



“Recall occasions when you successfully handled hardships in the past, and use those skills to meet your new challenge. Trust in your ability to solve problems and make the right decisions.”

- **Find support.** Seek out friends and family who can reassure you. You don't have to brave change alone. It often takes more courage to ask for help.
- **Keep as many familiar routines as possible.** Hanging on to some of your normal daily activities can help provide a sense of stability when the world around you seems chaotic.
- **“Reframe” your thinking.** The faster you're able to change your outlook about your situation, the easier it will be for you to adjust. Try to stay positive. Rather than viewing change as a threat, try to approach it with excitement and anticipation.
- **Cultivate a positive view of yourself.** Recall occasions when you successfully handled hardships in the past, and use those skills to meet your new challenge. Trust in your ability to solve problems and make the right decisions.
- **Take it one step at a time.** If you feel overwhelmed, try not to concentrate so much on the big picture. Think about how far you've progressed instead. Then break the transition period into manageable chunks—maybe even hours.
- **Keep your imagination in check.** Don't let “what if” thoughts get the best of you.
- **Stay healthy.** Coping with change or grief can be emotionally and physically exhausting. Make sure you take good care of yourself. Take breaks when you feel you need them, eat properly and exercise.
- **Find the positive in the situation.** Everyone has something good in her life. This may seem impossible to keep in mind, especially if you're coping with the death of a loved one, serious illness or job loss. But remember that change makes us wiser and stronger.
- **Remember that your struggle to deal with the change will end.** In due time, your new circumstances will become familiar to you. Make a memorial to the change or loss if it will help you in your transition.

Trying to find balance and cope with change is a learned skill. You may find it difficult to adjust, but trust in life's renewable and sustainable potential.

Sources: American Psychological Association; Fast Company; iVillage; SolveYourProblem.com; Life After Loss: Conquering Grief and Finding Hope by Raymond Moody Jr., MD, and Dianne Arcangel. HarperSanFrancisco, 2001; The Orphaned Adult: Understanding and Coping with Grief and Change After the Death of Our Parents by Alexander Levy. Perseus, 1999; Why Me? Coping with Grief, Loss, and Change by Pesach Krauss and Morrie Goldfischer. Bantam, 1988.

By Kristen Knight
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Reducing the Risk of Suicide: Suicide Prevention Rating Scale

Suicide attempts and related self-injurious behavior related to depression are major health concerns. United States data shows suicide as the 10th leading cause of death for all ages and the 2nd leading cause of death for 15 - 24 year olds. The suicide rate has increased to 12.1 per 100,000. One completed suicide occurs every 13 minutes. The Center for Disease Control (CDC) reported that attempted suicide rates increased from 6.3% in 2009 to 7.8% in 2011. Current data presents a small increase to 8% in 2013. The CDC reported that results from the 2013 Youth Risk Behavior survey indicated that 15% of students in grades 9-12 seriously consider

suicide and about 8% reported making at least one suicide attempt during the 12 months before the survey. Recent data also suggests that peer victimization such as bullying increases suicidal behavior three-fold. The causes of suicidal behavior are multifactorial and complex. The goal of evaluation of suicide risk is straightforward: reduction of risk factors and promotion of protective factors as well as continued monitoring for exacerbation. This is a major challenge for health care providers given numerous competing time demands and treatment concerns. ValueOptions believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides for members in treatment.

Assessment of suicide risk became an increased issue from both a clinical and a liability standpoint with the FDA's black-box warning of suicide risk for antidepressants used with children and adolescents. This resulted in an increased need to identify at risk patients and contributed to increased research in the prevention and identification of suicide risk.

Several suicide severity scales have been developed to assist the clinician in conducting a formulation of risk. Nevertheless, one challenge in the use of suicide severity scales is dissemination of the scale after development.

One such scale is the C-SSRS (Columbia-Suicide Severity Rating Scale). This scale has demonstrated psychometric validity and reliability in both adolescent and adult populations. Information is available at www.cssrs.columbia.edu. Rating scales in English and Spanish for clinical practice, including the military, are available. Scales address initial and ongoing assessment for suicide risk. Information regarding training (brief 30-minute slide presentation) is also available through the website.

There is no screening tool that can provide identification or risk with 100% certainty. It is essential that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease the risk of completed suicide. Standardization of suicide risk assessment, especially in an at risk population, can identify patients with greater frequency and is also protective from a medico-legal standpoint. ValueOptions would like you to consider utilizing the C-SSRS or another validated instrument scale as part of your suicide assessment. We have been granted permission to post the C-SSRS's on our website with permission to use. You can download the C-SSRS at www.valueoptions.com/providers/Network/NCOC_State_Local_Government.htm under the Suicide Prevention Tool Kit.

By B. Steven Bentsen, M.D., MBA, DFAPA
ValueOptions® North Carolina Operations Center Medical Director

Confidentiality, Privacy & Security of Identifiable Health Information

Providers are: (a) expected to comply with applicable federal and state privacy, confidentiality and security laws, rules and/or regulations, including without limitation the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules and regulations promulgated thereunder, and 42 C.F.R. Part 2; and (b) are responsible for meeting their obligations under these laws, rules and regulations, by implementing such activities as monitoring changes in the laws, implementing appropriate mitigation and corrective actions, and timely distribution of notices to members, government agencies and the media when applicable.

In the event that ValueOptions receives a complaint or becomes aware of a potential violation or breach of an obligation to secure or protect member information, ValueOptions will notify the provider utilizing the general complaint process, and request that the provider respond to the allegation

“Although there is no screening tool that can provide identification or risk with 100% certainty, it is essential that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease the risk of completed suicide.”



and implement corrective action when appropriate. Providers must respond to such requests and implement corrective action as indicated in communications from ValueOptions.

Providers and their business associates interacting with ValueOptions' staff should make every effort to keep protected health information secure. If you do not use email encryption, ValueOptions recommends sending protected health information to ValueOptions through an inquiry in ProviderConnectSM or by secure fax.

Appointment and Availability Standards

ValueOptions has established standards for participating providers to ensure that our members can obtain the care they need within a reasonable time frame. Except as otherwise required by a specific client and/or government sponsored health benefit program for providers participating in networks available to their respective members and/or as delineated in the provider agreement, the following are standards of availability for appointments which participating providers are required to maintain:

Emergency (life-threatening):

In an emergency situation, the member should be seen in person immediately or referred to appropriate emergency service providers. Participating providers who do not maintain twenty-four (24) hour coverage must maintain a system for referring members to a source of emergency assistance during non-business hours. The preferred methods are through a live answering service or an on-call pager system. However, participating providers may elect to maintain a reliable recorded answering machine system through which members experiencing an emergency are given clear instructions about how to access immediate assistance after hours.

Emergent:

In an emergent situation, the member should be seen within six (6) hours of the request for an appointment or referred to appropriate emergency service providers.

Urgent:

In an urgent situation, the member must be offered the opportunity to be seen within forty-eight (48) hours of a request for an appointment.

Routine:

In a routine situation, a member must be offered the opportunity to be seen within 14 calendar days or 10 business days of a request for an appointment.

It is important that all providers adhere to the above standards. If you are not able to meet these access standards, please refer the individual to their clinical referral line so ValueOptions can offer additional referral options.

Attention ValueOptions' Providers: Substance Use Disorders and ASAM Criteria

Beginning this fall, ValueOptions will be replacing our own level-of-care criteria for utilization management of substance use disorders with ASAM (American Society of Addiction Medicine) criteria. Some accounts are currently using ASAM and will not experience a change. Other accounts are required to use a specific criteria set and most will likely continue to do so at this time. ASAM criteria is a nationally recognized, widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. To order a copy of the ASAM criteria, please click [here](#).



This and other information regarding standard policies and procedures can be located in our [Provider Handbook](#).

“Dr. Petit will work with stakeholders in the New York health care delivery system to develop strategies for improving behavioral health care throughout the state.”

Beacon Health Options Names Jorge Petit, M.D. To Lead New York Market

Jorge Petit, M.D., has been named the Regional Senior Vice President for Beacon's New York market. In this role Dr. Petit will work with stakeholders in the New York health care delivery system to develop strategies for improving behavioral health care throughout the state. This collaborative work will guide him in overseeing the delivery and coordination of mental health care and substance use disorder services for the company's more than 5.5 million New York members.

“Jorge is a perfect fit to lead our New York team. He thoroughly understands the provider community and health care policies of New York as a result of his extensive consulting work and his three-year term as Associate Commissioner in the New York City Department of Health and Mental Hygiene's Division of Mental Hygiene,” said Jim Spink, Beacon Health Options' Executive Vice President, National Client Partnerships. “This experience combined with his work as a practicing psychiatrist gives him an in-depth understanding of the New York health care market, including the consumers, and health plan clients we serve.”

Dr. Petit earned his medical degree from University of Buenos Aires and completed his psychiatry internship and residency at the Mount Sinai Hospital School of Medicine. Additionally, he completed a public psychiatry fellowship at Columbia Presbyterian-New York State Psychiatric Institute. To read the press release, please visit our [Beacon Newsroom](#).

Colorado Medicaid and CHP+ Provider Revalidation & Enrollment Begins September 15th

New federal regulations established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and revalidation of all Medicare, Medicaid, and CHP+ providers.

Beginning September 15, 2015, all Colorado providers who want to continue, or begin, providing services to Medicaid and CHP+ members after March 31, 2016, will be required to enroll and revalidate their licensure and business information under new federal enrollment screening criteria.

Based on CMS' provider type and risk designation, this process may include a criminal background check, fingerprinting, and unannounced site visits - including pre-enrollment site visits for some providers. Providers who fail to revalidate and enroll by March 31, 2016 may have their claims suspended or denied.

Visit [Colorado's State site](#) for more information.

Interested in Learning More about Integrated Care?

ValueOptions offers practical, feasible, on-the-ground solutions for an evolving healthcare landscape. One component of this landscape is an integrated care approach which includes attention to a person's behavioral, medical, and psychosocial needs. We support integrated care regardless of who it's for or where it takes place. Our goal is to equip providers to deliver the highest possible quality of care regardless of whether a person's needs are primarily behavioral, medical, or a combination of both.

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 introduced the Integrated Practice Assessment Tool (IPAT) and the Vermont Integration Profile (VIP). These tools are meant to help you and your practice assess where you are with your integration efforts. They can be used together or independently from each other.

We recognize many of you are actively involved or looking to be involved with practicing behavioral health in an integrated way. We are excited to offer training opportunities to demonstrate the IPAT and VIP and show how you can put each of these tools into practice. Whether you work in a primary care setting or a community mental health center or are just interested in learning more about integrated care, we welcome you to register below to attend one or both of these sessions.

[IPAT training - Wednesday, October 21, 2015 from 2-3pm ET](#)
[VIP training - Wednesday, October 28, 2015 from 2-3pm ET](#)

Additional information, including access to the IPAT and VIP tools can be located on Achieve Solutions in the [Integrated Care Toolkit](#) by clicking "Access Resources."

Follow-up to Addressing Opioid Addiction: Beacon's Next Steps

In our August newsletter, we wrote about Beacon's White Paper released on June 1, titled "Confronting the Crisis of Opioid Addiction," which provided the point of view that opioid addiction should be treated as a chronic brain disease through a chronic disease model of care. This month we would like to share steps, based on the White Paper, that Beacon is taking to address this crisis that is stunning our nation, our states, and our communities.

Beacon is taking the lead on two fronts: programmatic initiatives; and communication of Beacon's point of view that opioid addiction is a chronic brain disease. On the clinical front, beginning with many of our public sector plans, such as MBHP in Massachusetts, several important examples of our initiatives addressing opioid addiction include the following:

- **Adoption of ASAM medical necessity criteria for opioid addiction.** Companywide, we are moving to ASAM medical necessity criteria, unless contractually prohibited, later this year.
- **Expansion of our networks to include providers who specialize in medication-assisted therapy (MAT).** MAT is an important option to successful opioid addiction treatment.
- **Provide expanded support for Primary Care Physicians (PCP).** In Massachusetts, Beacon has established the Massachusetts Child Psychiatry Access Project (MCPAP), a program that provides PCPs free telephonic consultation from child psychiatrists. We are working to establish more programs like it around the country, specifically for substance use disorders (SUD), as a means to help PCPs identify and address addiction issues.
- **Facilitate transportation to SUD services.** Often, it is the most fundamental needs that hamper treatment, such as transportation issues. In an effort to divert members from acute inpatient detox when that level of care is not medically appropriate, Beacon has a transportation company on call to provide transportation from an emergency room or inpatient detox facility to an ambulatory detox facility.
- **Improve care coordination efforts with methadone providers.** In Massachusetts, we are seeking to increase members' adherence to methadone maintenance by providing care management/coordination services for new members at contracted methadone maintenance providers. Implementation activities are underway, with the project commencing January 1, 2016.
- **Community partnerships.** Beacon is partnering with the high-profile Angel program in Gloucester, MA, to help the Gloucester Police

"As behavioral health care becomes more prevalent in primary care, so does the need to have instruments to measure and evaluate associated processes."



Department connect people with addiction disorders to detox facilities as quickly and efficiently as possible.

- **Strengthening the use of peer supports for people with SUD.** In Connecticut, Beacon has a robust peer support program that assists members with SUD issues.

Beacon gets the word out

We are proactively working with the industry to communicate a new way of viewing the opioid addiction crisis. In addition to speaking with reporters from Mental Health Weekly, Alcoholism and Drug Abuse Weekly and addictionblog.org, Beacon's substance use disorder experts have been asked to speak and participate in an array of forums addressing this epidemic. They have presented at several conferences, including the Massachusetts Association of Health Plans and the US Food and Drug Administration's "Exploring Naloxone Uptake and Use."

Additionally, on September 24th, Beacon's Medical Directors will participate in the American Society of Addiction Medicine and its stakeholder discussion on "National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use." Further, we will participate in the ongoing addiction treatment advisory group of the Academy of Managed Care Pharmacy, the first meeting scheduled for September.

Addressing opioid addiction is not an overnight proposition. As we continue to work on improving services for opioid addiction and SUD in general, we will fine-tune our approaches after learning what does and does not work and communicate that information to our provider network. We will also look to providers and other stakeholders to learn about best practices from them.

To access a recording of the webinar on opioid addiction, go to the [Beacon Lens](#).

Maintaining Accurate Demographic Data for Member Referrals

To maximize your business potential and assist us with providing accurate referrals for members seeking services, we ask all of our providers to maintain accurate information in our files. ValueOptions verifies demographic data through various channels, including [CAQH](#) (the Council for Affordable Quality HealthCare) and provider self-reporting through paper form and online [ProviderConnect](#) submission. In order to assure your file is current, we encourage you to become familiar with these platforms and review your information on a regular basis.

As our members look for providers, they have the option to perform advanced searches through [MemberConnect](#) by specialty, gender and office hours, in addition to proximity and licensure. You can review and update most of this information through the "My Practice Information" and "Update Demographic Information" sections on [ProviderConnect](#).

If you have any questions or need assistance updating your demographic data, you may contact our National Provider Service Line at 800.397.1630 between 8 a.m. and 8 p.m. ET, Monday through Friday.

Electronic Billing Solutions

Did you know there are many ways to submit claims electronically? Claims can be submitted by using our direct claim submission process in [ProviderConnect](#) or by submitting batches through our various batch upload options.

If you utilize a third party billing service, do you know how your biller is submitting claims? We encourage you to become familiar with your billing service or clearinghouse's billing process. Working in partnership with your biller ensures they are aware of any electronic billing options and meet all current standards, including preparing for the upcoming ICD-10 transition.



"In order to assure your file is current, we encourage you review your demographic information on a regular basis."



Should you need additional support, we have scheduled a provider question and answer session on September 24, 2015 from 10:00 a.m. to 11:00 a.m. To register, please click the link below

Register Now!

**Thursday, September 24, 2015
10:00 - 11:00 a.m. ET**

If you are looking to link to a clearinghouse, please submit the [Intermediary Authorization Form](#) to grant them permission to submit claims on your behalf. For additional information related to electronic billing solutions, you can contact our EDI Helpdesk Monday through Friday from 8 a.m. to 6 p.m. ET at 888.247.9311 or by email at e-supportservices@valueoptions.com. We also have our ProviderConnect Claims webinar on September 23rd at 11:00 a.m. ET which is available to both providers and billing services.

The Final Stretch to ICD-10

As ValueOptions moves towards the October 1, 2015 compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, we would like to remind you that we have resources available on our website to help you prepare for this transition, including our Frequently Asked Questions.

A few of the most frequently asked FAQs are below – for the full list and recorded ValueOptions’ trainings, please go to our [ICD-10 Spotlight Page](#).

Question	Answer
Will ICD-10 codes be required for authorization of services that span the ICD-10 compliance date?	<p>Authorizations that span the October 1, 2015 transition date will not be impacted & providers will not be required to supply both ICD-9 and ICD-10 on the authorization request or split their authorization requests.</p> <p>Submissions for claims payment will need to utilize the correct ICD coding dependent on the date of service. ICD-10 codes will be required for authorization of services that occur after the ICD-10 compliance date.</p>
When will ValueOptions stop accepting ICD-9 codes and will the payer be able to accommodate dual processing of ICD-9 and ICD-10?	<p>ValueOptions will be compliant with the ICD-10-CM and ICD-10-PCS code sets regulation. We will enhance our processing system to utilize both ICD-10 and ICD-9 codes on an effective/term date basis. We will accept and utilize ICD-10 codes for services provided on or after the official compliance date. Claims submitted for services rendered prior to the compliance date should be submitted with ICD-9 codes, regardless of the submission date.</p>
Should dates of service prior to October 1, 2015 be billed separately from dates of service which occur on or after October 1, 2015?	<p>Yes. Claim lines cannot span the ICD-10 effective date of October 1, 2015.</p> <p>In addition, all claims with dates of service prior to October 1, 2015 should be billed as separate claims with ICD-9 codes. Subsequently, all claims with dates of service on or after October 1, 2015 should be billed as separate claims with using valid ICD-10 codes covered by the member’s benefit and appropriate for the service being rendered.</p>

For additional explanation including details about split bills for dates that span the October 1, 2015 timeframe requiring interim billing, please review our [ICD-10 FAQ](#).

The Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) is offering additional education opportunities, such as webinars, forums, articles and calls. You can review the “[Road to 10](#)” and other materials offered in the following press release here: “[CMS and AMA Announce Efforts to Help Providers Get Ready for ICD-10.](#)” Additional resources are also located on the CMS [ICD-10 website](#).

ABA Coding Change Reminder

Just a reminder that modifiers are no longer required when billing under the new AMA ABA CPT coding structure. We encourage providers to submit claims through our [ProviderConnect](#) portal. To access our [FAQ](#) and [Code Crosswalk](#), please visit our [Applied Behavioral Analysts \(ABA\) Network Specific](#) page.

Improving Outcomes in Mental Health Services: Empowering Clients to Use Their Voices

The clinical research evidence is clear: psychotherapy is effective for a wide range of presenting concerns and problems. On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials. In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.

However three persistent problems remain:

- 10% of clients deteriorate and 47% drop out before achieving clinical improvement
- Mental health professionals are often unable to identify failing cases
- Outcomes vary widely among clinicians

Thankfully, a significant and growing body of research now shows that, regardless of preferred treatment approach, routinely assessing and discussing clients' experience of the process and outcome of care effectively doubles the rate of reliable and clinically significant change, decreases drop-out rates by as much as 50%, cuts deterioration rates by one-third, and leads to fewer no-shows. An approach called feedback-informed treatment does just that—uses a client's feedback to gauge treatment progress. In short, therapists can benefit by using feedback to improve the outcome of the services they offer.

The ValueOptions' [On Track Outcomes Program](#) enables clinicians to systematically integrate client feedback

into their clinical practice and use that information to improve outcomes. Here's what some of the participating clinicians have to say about the program:

"I have been using OnTrack for many years. When they come into the office and hand me the form, it immediately starts a meaningful conversation. The questions are so well written that it pulls out important information quickly that would otherwise be time consuming in session. Over time, it is rewarding to see documentation of progress for my clients. This is an important part of my practice." CP, LPCC - Ohio

"I appreciate having a more objective measure of knowing how my clients are doing, to supplement my own ongoing observations and assessments. And it is a boost to see that my scores are showing "effectiveness" with my clients." LC, LCSW - Washington

"I have found On Track very easy to use. It has helped me identify at-risk cases I may have otherwise missed and it has also helped improve outcomes overall." KA, LMHC - Rhode Island

"The program benefits both the client and the therapist. It is a win-win and well worth the brief time it takes to complete and fax the forms." LA, LPC - Oklahoma

"It helps the client report something that could be hard for them to verbalize so that I can notice it and address it, especially any self-harm risk." LK, LMFT - Colorado

We would like to invite you to attend one of our introductory webinars this fall for an orientation to this exciting, free program. We encourage you to register in advance by using the link provided below:

Register Now!

[Wednesday, September 23, 2015 2:00 - 3:00 p.m. ET](#)
[Thursday, October 8, 2015 1:00 - 2:00 p.m. ET](#)

Contact Us: If you do not have Internet access and would like a hard copy of this newsletter, please contact our National 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

Wednesday, October 14, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
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ProviderConnect Claims

Wednesday, September 23, 2015	11:00 a.m.-12:00 p.m. ET	Register Here!
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Authorizations on ProviderConnect

Wednesday, September 16, 2015	3:00 p.m.-4:30 p.m. ET	Register Here!
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ProviderConnect Enhancements

Thursday, October 1, 2015	11:00 a.m.-12:00 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

Wednesday, September 23, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
Thursday, October 8, 2015	1:00 p.m.-2:00 p.m. ET	Register Here!

Integrated Care

These webinars are designed to review the different tools available for providers to assist with Integrated Care.

Integrated Practice Assessment Tool (IPAT): Introduction and Demonstration

Wednesday, October 21, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
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Vermont Integration Profile (VIP): Introduction and Demonstration

Wednesday, October 28, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
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ICD-10 Transition: Q&A Session

Provides an overview of the ICD-10 transition and resources and will include opportunity to dialogue with our presenters to help our provider community prepare for the October 1, 2015 compliance date.

ICD-10 Transition: Q&A Session

Thursday, September 24, 2015	10:00 a.m.-11:00 a.m. ET	Register Here!
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*You can view previous webinar slides and recordings in our [Webinar Archive](#).
For additional trainings and information please visit our [Video Tutorials](#) as well as your [Network Specific Page](#).*