Provider Orientation Training Webinar

For Audio Call:  (877) 563-4796
Enter Code:  7771224

Please mute your phones by pressing *6
Training Topics

› Administrative Orientation
  • Welcome and Introductions
  • Overview of ValueOptions
  • Military OneSource Program
    • Participant Eligibility Requirements
    • Scope of Services
    • Duty to Warn and Mandated Reporting Procedures
    • Referral Procedures
  • Case Activity Forms and Various Methods for Submission
  • Online Tools and Website Navigation Demonstration
  • Questions & Answers

› Military Culture Competence
  • Questions & Answers
Welcome and Introductions

Panel of Speakers

- Douglas Briskman, Director
  Military OneSource
  Provider Relations Department

- John Elliott, Training Manager
  Military OneSource
  Provider Relations Department
Overview of ValueOptions, Inc.

- Founded in 1983
- Nation’s largest independent behavioral health and wellness company
- Committed to the principles of recovery and resiliency
- Currently serving over 31 million lives in 130,000 different locations
- Diverse client base:
  - Commercial division
  - Federal division
  - Public Sector division
- Over 27 years of continuous experience in supporting military members and their dependents
Provider Relations

• Ensures participants’ behavioral health care needs are met through a geographically robust network whose providers are readily available

• Ensures maintenance of network composition by engaging in assertive retention strategies

• Engages in timely and appropriate recruitment

• Engages in professional, consistent, and educative communications with our provider community and staff
Provider Credentialing:
• Completion of Credentialing Application required for network participation

Military OneSource network participation requirements:
• Must be a citizen of the United States
• Speak English
• FBI background check with fingerprints
• Complete all training requirements
  • Training is required annually
Provider Contracting:

- Credential with ValueOptions
  - ValueOptions Disclosure Ownership Form

- Military OneSource-Specific:
  - Military OneSource Provider Statement of Understanding
  - Military OneSource Short-term Non-medical Counseling Program Amendment

Questions about Contracting and Credentialing?
Call 1-800-397-1630 (8am – 5pm ET)
Program oversight is provided by the medical director

- Key Quality Indicators include but are not limited to:
  - Satisfaction feedback measures
  - Access and availability of services – geographic access; phone statistics; appointment availability; etc.
  - Complaints and Grievances tracking and reporting
  - Member safety – (adverse incidents and quality of care)
  - Quality Improvement activities/projects

- Military OneSource-Specific Quality Monitoring
  - Case Activity Form Audits
  - Collaborative management of high risk cases
  - Assure adherence to scope of non-medical counseling
Military OneSource Program
Eligibility Requirements

Department of Defense Service Members and Dependents

• Active Component (AC): Active Duty service members who serve under the command of the President full time continuously until discharged or retired

• Reserve Components (RC): Army, Navy, Air Force, & Marine Corps Reserves and the Army National Guard and Air National Guard

• US Coast Guard (not eligible)
  • Service members are not eligible unless currently serving under a Department of Defense mission
  • Operate under Homeland Security and receive services under a separate program called CG SUPRT
Range of Support

- Community Resources & Referrals
- Financial
- Health Coaching
- Relationships
- Children & Youth
- Special Needs
- Confidential Non-medical Counseling
- Deployment
- Life Transitions
- Moving
- Libraries
- Career & Education
Additional Military OneSource Benefits

- Specialty Consultations
  - Financial Assistance
    - Tax Filing Services
    - Budget Management
  - Military Spouse Support
    - Education Resources
    - Career Assistance
  - Parenting and Childcare Resources
  - Elder Care Resources
  - Health and Wellness Coaching
  - Research for Community Services and Support

For more information about Military OneSource Programs
Please visit: http://MilitaryOneSource.mil
Other Benefits and Programs

Information regarding the following programs can be found by visiting http://www.military.com

• Morale, Welfare and Recreation (MWR)
• Commissary and Post Exchange Locations
• Wounded Warrior Support
• Thrift Savings Plans (TSP)
• Savings Deposit Programs (SDP)
• Service Members Group Life Insurance (SGLI)
• Educational benefits
• Family Advocacy Program (FAP)
• Legal Assistance
Military One Source covers confidential, face-to-face, non-medical counseling services:

- Short term, psycho-educational, and solution focused in nature
- Non-medical counseling for V-code issues such as:
  - Adjustment to situational stressors
  - Relationship issues
  - Parenting / family related issues
  - Stress management skills
  - Work-related issues
- Military OneSource Program is intended to prevent the development or exacerbation of lifestyle conditions that may compromise military and family readiness
Military OneSource does NOT cover the following:

- Clinical mental health treatment or long-term issues such as:
  - Depression and anxiety
  - Substance use disorders
- Assessment services, fit-for-duty determinations, Disability assessments, or court-ordered counseling
- Those who have been recently diagnosed with a mental health illness, prescribed psychotropic medication, or are receiving concurrent psychiatric or behavioral health treatment
  - The participant should be referred to their medical health insurance benefit, base services, or community resources
Mandated Reporting

Provider reporting is required for the following issues:

All Participants (Including additional participants):
- Child, elder, vulnerable adult abuse
- Critical risk to others
- Risk to self

Service Members:
- Sexual assault incidents
- Domestic violence
- Recent psychiatric hospitalization within 30 days
- Present or future illegal activity

To Make a Report Call Military OneSource at (800)342-9647
- A Triage Consultant or Clinical Supervisor will take the report and file the required information with the appropriate Department of Defense point of contact
  - DO NOT contact the participant’s command/supervisor
Participants are provided with full disclosure:

- Participants hear a Limits of Confidentiality statement during their initial call to Military OneSource
- The Statement of Understanding must be signed by all participants prior to delivering face-to-face non-medical counseling services

Military Resources that respond to Mandated Reporting situations

- Family Advocacy Program (FAP)
- Sexual Assault Response Coordinator (SARC)
- Victim Advocacy
Post Suicide Survivor Training

Defining suicide “postvention”

• Immediate crisis intervention for those affected by a suicide or suicide attempt
The aftermath of suicide:

- Types of suicide survivors include:
  - Spouse / Significant other
  - Parents
  - Siblings
  - Children
  - Friends
  - Co-workers
Key issues
- Normal grief is magnified
  - Stigma and shame
  - Discomfort of others
  - Existential quandaries

Stages of Grieving
- Shock / denial
- Guilt
  - What could I have done?
  - Why didn’t I see this coming?
- Sadness
- Anger (and blame)
  - At the person who died
  - Authorities, helpers, family and friends
  - Why did he/she do this to me?
- Acceptance
Post Suicide Survivor Training

› Psycho-education regarding depression and suicide
› Supportive Counseling
  • Telling the Story
  • Reframing thoughts and perceptions
  • Connecting with others
› Resources
  • Support Groups
    • Peer-led
    • Professional-led
  • MHSA Services
› Normalize the healing process
Referral Procedures

Triage Consultants complete an assessment to determine that no urgent needs exist and that counseling is within scope of non-medical parameters

- Member will be warmed transferred to the provider office
- Providers are required to offer an appointment within 3 business days or at the convenience of the participant
- If participant information is left on a voicemail, provider must call the participant back within 24 hours to schedule an appointment
- Triage Consultants complete an assessment to determine that no urgent needs exist and that counseling is within scope of non-medical parameters
- If unable to schedule an appointment with the referred Participant providers need to notify Military OneSource
- Two business days after the referral Military OneSource will contact the participant to verify an appointment is scheduled
Conditions of Military OneSource

- Cases are on a referral basis only, participants must be pre-authorized
- Authorizations are provider-specific: Participants cannot be transferred to a different provider without a new authorization
- Self-referral for additional treatment is not permitted, providers may not refer participants to themselves for ongoing services
- Providers may not bill or seek reimbursement from the participant or any other entity other than ValueOptions
  - Balance-billing and charging for missed appointments is prohibited
- Military OneSource benefit allows for a maximum of 12 sessions per authorization
  - Payment for services is limited to the number of sessions authorized and terms of Military OneSource Program

Providers can contact Military OneSource 24/7 for referral consultation if needed: (800) 342-9647
## Military OneSource Case Activity and Billing Form

Instructions: Please use CAPITAL letters. Complete ALL information to ensure prompt payment. Keep a copy for your records.

**Statement of Understanding Signed:** O Yes  O No

**Authorized Participant Information:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
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**Participant's Address:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>State</th>
<th>ZIP Code</th>
<th>Date of Birth (mm/dd/yy)</th>
<th>Participant Home Phone</th>
</tr>
</thead>
</table>

| Participant Gender: | O Female | O Male |

**No Show:** O Yes  O No

**Billing Information:**

<table>
<thead>
<tr>
<th>Date of Service (mm/dd/yy)</th>
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**Mode of Delivery:**

- O Face-to-Face
- O Video
- O Telephonic
- O Online

**Authorization Number**

**Counselor:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
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</table>

**Counselor Billing Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>State</th>
<th>ZIP Code</th>
<th>Tax ID Number or SSN:</th>
<th>NPI Number:</th>
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</thead>
</table>

**Counselor’s Phone:**

**Counselor's Signature:**

**Date:**

**Total Sessions Billed:**

**Number Sessions Used at Case Closing:**
Military OneSource Case Activity Form P. 2

<table>
<thead>
<tr>
<th>Participant Last Name</th>
<th>First Name</th>
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<thead>
<tr>
<th>Type of Counseling Provided:</th>
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<tbody>
<tr>
<td>O Individual</td>
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<tr>
<td>O Yes</td>
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<tr>
<th>Military Identification card viewed and verified by provider?:</th>
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<tbody>
<tr>
<td>O Yes</td>
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<table>
<thead>
<tr>
<th>Does participant have any DSM diagnoses beyond a V-Code?:</th>
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<tr>
<td>O Yes</td>
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<tr>
<th>Is issue related to deployment?:</th>
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<tbody>
<tr>
<td>O Yes</td>
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</table>

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<tr>
<th>Is issue related to reintegration?:</th>
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<tr>
<td>O Yes</td>
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<table>
<thead>
<tr>
<th>Risk and Functional Assessment: Indicate participant's level of impairment at time of session:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member's risk to self: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Member's risk to others: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Mood Disturbance (depression or mania): [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<td>Anxiety: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Thinking / Cognition / Memory / Concentration: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Impulse / Reckless / Aggressive Behavior: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Activities of Daily Living Problems: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Medical / Physical Condition: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Substance Abuse / Dependence: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Job / School Performance: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>Social Functioning / Relationship / Marital / Family: [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<table>
<thead>
<tr>
<th>0 = No Evidence of Impairment</th>
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<tbody>
<tr>
<td>1 = Mild Impairment</td>
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<tr>
<td>2 = Moderate Impairment</td>
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<tr>
<td>3 = Severe Impairment (must be significant impairment)</td>
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<thead>
<tr>
<th>Counseling Goals:</th>
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<td>1. [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<td>2. [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<td>3. [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<th>Mental Health Treatment History Assessed</th>
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<tr>
<td>O Yes</td>
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<tr>
<th>Substance Abuse Treatment History Assessed</th>
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<tbody>
<tr>
<td>O Yes</td>
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<tr>
<th>Strength, Skills, Aptitude and Interests Assessed</th>
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<tr>
<td>O Yes</td>
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<th>Supports Assessed</th>
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<td>O Yes</td>
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<tr>
<th>Review of Mental Health Treatment History:</th>
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<tr>
<td>O Met</td>
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<th>Review of Substance Abuse Treatment History:</th>
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<td>O Met</td>
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<th>Review of Strength, Skills, Aptitude and Interests:</th>
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<td>O Met</td>
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<th>Review of Supports:</th>
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<td>O Met</td>
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<tr>
<th>Domestic Violence</th>
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<tr>
<th>Child Abuse/Neglect</th>
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<td>O</td>
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<thead>
<tr>
<th>Sexual Assault</th>
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<tr>
<th>Sexual Abuse (of a minor)</th>
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<th>High Risk Case:</th>
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<tr>
<td>O Yes</td>
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<tr>
<th>Reviewed with MOS consultant?:</th>
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<tr>
<td>O Yes</td>
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<tr>
<th>If yes, w/ whom?</th>
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<tbody>
<tr>
<td>(Consultant's name)</td>
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<th>Was a safety plan developed?:</th>
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<td>O Yes</td>
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<tr>
<th>Please note whether a legally/required report has been filed:</th>
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<tr>
<td>By Whom: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>When: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<td>Where: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<th>Case Summary Note: (Please include critical issues or events addressed in session)</th>
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<tr>
<th>Billing Type:</th>
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<tr>
<td>O Interim</td>
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Case Closing/Final Session (Must be filled out upon case closing or after 30 days of no contact)

Closing Reason:
0 Participant’s case successfully resolved
0 Participant withdrew/dropped out before the completion of services
0 Participant discontinued for other reasons
0 Out of Scope - Escalated to Crisis
0 Out of Scope - Non Crisis

Reasons Deemed Out of Scope (If Indicated)
0 Risk to Self
0 Risk to Others
0 Currently Receiving Mental Health Tx.
0 Currently Prescribed Psych. Medication
0 Diagnosed w/ Mental Health Condition
0 Fitness for Duty or Court Ordered
0 Psych. Hospitalization
0 Illegal Activity
0 Domestic Abuse
0 Child Abuse
0 Substance Abuse
0 Sexual Assault/Rape

Overall Status of Goals:
0 Goals Met
0 Partially Met Goals
0 Goals Not Met

Case Disposition:
0 No Referral made to other resources
0 Referral for other resources accepted
0 Referral for other resources declined
0 Did Not Keep Initial Appointment
0 Discontinued Counseling

Referral Type (check all that apply)
0 No referral beyond MOS
0 TRICARE
0 Military Treatment Facility
0 Victim Advocate
0 Sexual Assault Response Coordinator
0 Family Advocacy Program
0 Other Medical
0 Other Substance Abuse
0 Other Mental Health
0 Community Resource
0 Red Cross

This form is due within 15 days of the date of service.

Please Fax to 877-762-1356
Military OneSource Case Activity Form - Participant Addendum (CAF-PA)

Instructions: For all couples and/or family cases, complete this Participant Addendum for every additional participant who attended the session. (Required fields are indicated by an asterisk *)

*Authorization Number

Date of Service (mm/dd/yy)

Additional Participant #1
Information:
*Relationship to Participant: ________________________  *Gender:  O Male  O Female

*Age

*No Show:  O Yes  O No

*Statement of Understanding Signed:  O Yes  O No
Risk and Functional Assessment: (Participant’s level of impairment at time of session)

*Member’s Risk To Self  O Yes  O No
*Member’s Risk To Others  O Yes  O No
*Domestic Violence  O Yes  O No
*Child Abuse or Neglect  O Yes  O No

This form is due within 15 days of the date of service. Please Fax to 877-762-1356
Case Activity Form (CAF) and Submission Procedures

- Submit CAF within **15 days** of the date of service
- Please use CAP letters and write legibly
- Document that the Statement of Understanding was signed
- Check, but do not copy Military ID cards
- Please use your billing address on the CAF (not practice address)
- It is IMPORTANT to fill out ALL sections of CAF (Case Closing session is only required for Final CAF)
- Must complete the Case Closing section of the CAF once the services are completed or within 30 days after last contact.
How do I submit my Case Activity Form (CAF)?

Submit CAF within 15 days of the date of service

› **USPS:**
  ValueOptions, Inc.
  PO Box 1317
  Latham, NY 12110

› **Fax:**
  (877) 762-1356

› **Online:**
  Military OneSource ProviderConnect Portal
Online Tools

Relias Learning Management System

- Website where Military OneSource Training Requirements may be completed
  - Self-paced & access available 24/7
  - Military OneSource initial and annual training requirements
  - Military-specific courses CEU accredited
  - For help with Relias Learning Management System:
    MOSProviderRelations@MilitaryOneSource.com

PaySpan Health

- Direct deposit for claims payment
  - For registration information please email: corporatefinance@valueoptions.com
  - Phone: (877) 331-7154
  - Email: providerssupport@payspanhealth.com
An online tool where providers can:

- Access ProviderConnect message center
  - Submit customer service inquiries
  - Submit updates to provider demographic information
- Submit re-credentialing applications
- Access and print forms:
  - Authorizations
  - Provider Summary Vouchers
- Submit Case Activity Forms and view their status

Increase convenience, decrease claims processing time, and ultimately claims payment time is reduced
Contact Information

- **ValueOptions Provider Service Line**
  - Phone: (800) 397-1630
- **Military OneSource 24/7 dedicated line**
  - Phone: (800) 342-9647
- **ValueOptions Claims Department**
  - Phone: (888) 450-6795
- **Electronic Claims Submissions/EDI Helpdesk**
  - Phone: (888) 247-9311
  - FAX: (866) 698-6032
  - Email: e-supportservices@valueoptions.com
- **PaySpan Health Support**
  - Phone: (877) 331-7154
  - Email: providersupport@payspanhealth.com
- **Military OneSource Provider Relations Department**
  - Email: MOSProviderRelations@MilitaryOneSource.com
Live Demonstration of Website Navigation

www.valueoptions.com
Questions & Answers
Thank you

MOSProviderRelations@militaryonesource.com