



*Los Angeles, CA Provider Forum
ValueOptions of California Inc.
and Twin Town Treatment Centers Present:*

*“Assessing, Referring and Treating
Dual Pain and Addiction Disorders”*

May 20, 2005



Agenda

- **Welcome and Introductions**

- **ValueOptions Staff**

- **Pam Turner, MS, MFT, Director, Provider Relations, Western Region**
 - **Cathy Gilbert, Director, BSW, MSA Corporate Provider Relations**
 - **Michelle White, Provider Relations Manager**

- Twin Town Treatment Centers Staff**

- **David Lisonbee, President**
 - **Susan Musetti, LMFT, Clinical Director**
 - **Bob Tyler, CAADAC, Operations Director**

Agenda (cont.)

- **ValueOptions of Calif. (VOC) a brief overview**
- **Claims**
 - Electronic Claims Submission and Scanning
 - Fraud and Abuse Issues
- **TeleConnect – New IVR System**
 - Demonstration
- **Provider Connect- Online Web-based Services**
 - Web Self Service Demonstration
- **CEU Presentation:**
 - “Assessing, Referring and Treating Dual Pain and Addiction Disorders”

ValueOptions, Inc. Overview

- Privately held and financially stable
- Over 20 million covered lives
 - Employer Solutions Division: Over 12 million covered lives
 - Health Plan Division: 4.22 million lives
 - Public Sector Division: Over 3 million lives
 - Federal Division (TRICARE): Over 1.6 million lives
- Serving 15% of the Fortune 500
- 75,000 provider locations nationally

ValueOptions, Inc. Overview (cont.)

Locations

Headquarters

ValueOptions, Inc. Norfolk, VA FHC Health Systems, Norfolk, VA

Service Centers

Phoenix, AZ

Long Beach, CA

Colorado Springs, CO

New York, NY

Jacksonville, FL

Tampa, FL

Topeka, KS

Boston, MA (2)

Southfield, MI

Virginia Beach, VA

Hamilton, NJ

Albany, NY

Latham, NY

Raleigh-Durham, NC

Trafford, PA

Dallas/Ft. Worth, TX

Reston, VA

Detroit, MI

Sante Fe, NM (new in 2005)

Select Customers



NORTHROP GRUMMAN



Johnson & Johnson



California Service Center: ValueOptions of California, Inc. (VOC)

- Established in 1988
- URAC accredited
- 2.3 million covered lives served
- Number of Long Beach Employees: 131
- California licensed – Department of Managed Health Care (DMHC)
- 54 Customers served (Partial Listing):

Wells Fargo & Company
Boeing Company
Northrop Grumman
ChevronTexaco
Pacific Gas & Electric
Hewlett Packard
City of Los Angeles

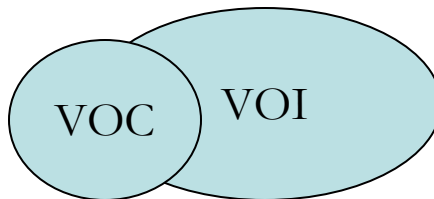
Screen Actors Guild (SAG)
American Honda
Avery Dennison
Stag's Leap Wine Cellars
City of Santa Monica
NIKE
Robert Mondavi

Stanford University
Rockwell Scientific
The J. Paul Getty Trust
Lucasfilm, LTD
Unocal
USC
*American Federation of
Television & Radio (AFTRA)*

California Service Center: ValueOptions of California (VOC) – cont.

California Networks:

- VOI – ValueOptions Inc. : Nationwide network servicing members from all accounts
- VOC- ValueOptions of California, Inc.: a network within a network for California Knox Keene business- VOC is a wholly owned subsidiary of ValueOptions and a health care service plan licensed under the Knox-Keene Act to provide mental health/substance abuse (MHSA) and employee assistance program (EAP) services to commercial clients and public sector accounts. VOC also provides administrative services to ValueOptions administrative service only (ASO) clients.



California Service Center: ValueOptions of California (VOC) – cont.

Provider Agreements

- VOI Agreement: contracts you for VOI business that includes national accounts
- VOC Agreement: contracts you for the California, Knox-Keene specific accounts which are administered by the California Service Center

Only VOC Providers are able to provide services for the Knox-Keene business based in California Service Center. If you have not signed a VOC agreement then please see a ValueOptions representative today before you leave!



Department of Managed Health Care Regulations

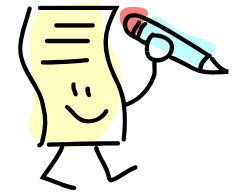
*These documents must be kept on file with
ValueOptions of California:*

- Copy of Malpractice – yearly update
- Copy of current license
- Signed copy of VOC agreement



2005 TREATMENT RECORD DOCUMENTATION

- OPPORTUNITIES FOR IMPROVEMENT
 - Each page in the treatment record contains the enrollees name or ID number
 - Special situations-imminent risks of harm to members must be noted
 - Documentation of a medical/psychiatric history
 - Treatment plans are consistent with diagnosis and have measurable timely goals
 - The treatment record has evidence of continuity and coordination of care between Behavioral healthcare practitioners and the member's Primary care Physician (PCP)
 - Treatment record reflects evidence of coordination with EAP/employer if a referral was made



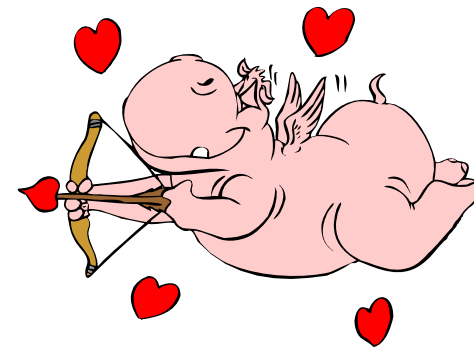
Centralization of Claims and Customer Service

- Effective April 1, 2005 claim processing functions for the California Service Center transitioned to our Latham, NY office.
- Effective May 1, 2005 Customer Service functions were transitioned to our Texas Service Center. The transition of all accounts will be complete by June 30, 2005.



HIPPA Tips

- Email is not secure unless encrypted
 - Do not send member information via email. This includes:
 - Member name or initials
 - I.D. numbers
 - Any identifying information
- New HIPAA Security Rules Effective 4-2005
- For details on HIPAA issues – please use the links on www.valueoptions.com under the Compliance section of the Provider Handbook.

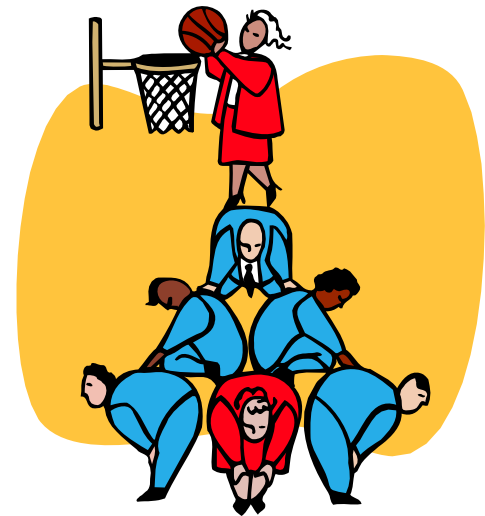


Provider Feedback

Annual Provider Satisfaction Survey - independent auditor:

National Network Results

- 91% overall satisfaction
- 96% availability across all licensure types





Claims

Scanning Do's and Don'ts
Electronic Filing
Fraud and Abuse



Critical success factors for scanning – Dos

- Original red line claim forms
- Black ink machine print
- Print within the boxes
- Use upper case letters
- Use a laser printer
- Use white correction tape for corrections
- Use 8 digit dates (e.g. 01232004)
- Use fixed width fonts like Courier
- Use 8 ½” x 11” paper for any additional notes
- Complete the patient’s date of birth

Factors that may require manual intervention & delay claims- Don'ts

- Use black line or copies of claim forms
- Hand print or hand write
- Use red ink
- Use dashes, slashes, or circles
- Use type smaller than 10 point
- Use proportional fonts like Times New Roman
- Use stamps, highlighters, correction fluid, labels, stickers
- Fold or staple items to the claim form
- Use handwritten signatures (use signature on file)

Electronic Claims Submission - EDI

- ValueOptions can receive your electronic 837 transaction directly
- Access Online Services at www.valueoptions.com
- Click on “For Providers” on the left hand side of the screen
- Access our Provider Handbooks, Clinical Practices and Guidelines, Administration and Online Services.
- Technical assistance with on Online Services is available from our eSupport Services at 1.888.247.9311

Policies Regarding Network Provider Payment –Balance Billing

- Participating providers will be reimbursed by the applicable payer at the contracted rate for covered services.
- Participating providers will not be reimbursed for account-specific exclusions.
- A beneficiary can only be charged for the applicable account-specific co-payment, co-insurance or deductible portion of such rate for covered services.
- Beneficiaries may not be charged for any fees above the contracted rates.
- Participating providers are not allowed to “balance-bill” patients. This includes any balance billing because a claim was denied for failure to obtain a required authorization for care, or for timely filing.
- The signature in Block 31 of the CMS-1500 Form certifies that services were actually rendered by the participating provider.

Policies Regarding Network Provider Payment –Balance Billing (cont)

The following situations are *not* considered “balance-billing”:

- Payments, full or partial, required for non-cancelled missed appointments when the member has given prior consent to such charges. State laws and provider benefit plans vary as to the acceptability of billing for missed appointments.
- When patients contract with a provider to self-pay for services not covered under their benefit plan.
- Billing patients who continue to have services provided after their yearly benefit maximums have been knowingly reached.



Fraud and Abuse

Fighting fraud and abuse strengthens and preserves *ValueOptions*' services to providers and members and enhances the health care delivery system as a whole.



Abuse

- *ValueOptions* defines abuse as any practice, direct or indirect, that is inconsistent with sound or established fiscal, business, insurance, or medical practices and results in an unnecessary cost to a behavioral health benefits program.
- It also consists of reimbursement for services performed that are not medically necessary or that fail to meet professionally recognized standards for health care.
- A provider may or may not have knowingly and/or intentionally misrepresented facts to obtain payment.
- Abuse also includes any practices by a member that results in unnecessary costs to a behavioral health program.

Fraud

- *ValueOptions* defines fraud as an intentional deception or misrepresentation made by an entity or person in any managed care setting with the knowledge that the deception could result in some unauthorized benefit to the entity, himself/herself, or some other person.
- In the context of health care claims, purposely billing for services that were never given, for a service that has a higher reimbursement than the service provided, or at the incorrect reimbursement level.

Common Examples of Fraud and Abuse

- Submitting claims for services that were not provided (this includes no shows or canceled appointments)
- Misrepresenting the diagnosis for the member in order to justify payment
- Utilizing split billing schemes (i.e., billing procedures over a period of days when all treatment occurred during one visit)
- Coding a service at a higher level than what was rendered (i.e. up-coding)

Common Examples of Fraud and Abuse- Continued

- Inappropriate documentation of services rendered
- Billing for all participants of a family therapy session
- Billing for services by a provider for services actually rendered by an affiliated (i.e. employed or associated with same group etc.) provider who is not a contracted or credentialed provider of ValueOptions.

When Fraud is Committed . . .

Automatic Termination

Providers will be immediately terminated upon the happening of any of the following events:

- **Insolvency or Dissolution**
- **Loss of License**
- **Conviction of Fraud**
- **Limited Ability to Practice**
- **Death**

Eliminating Fraud and Abuse

To eliminate fraud and abuse successfully, providers, facilities, and members must work together to prevent and identify inappropriate and potentially fraudulent billings.

This can only occur by:

- Monitoring claims submitted for compliance with billing guidelines
- Adherence by providers and facilities to Treatment Record Standards
- Education of all staff members responsible for dealing with medical records (including documentation, storage, retrieval, or review) or who are involved with billing
- Referring cases of suspected fraud and abuse

For More Information

- Contact Us
 - FHC Ethics and HIPAA Hotline at 1-888-293-3027.
- Visit our Website
 - www.valueoptions.com



Technology Innovations

TeleConnect- new IVR
telephone system
Provider/Member Connect-
Web-based services



TeleConnect (Interactive Voice Response)

- Replacing our existing touch tone telephonic systems.
- Offers easy-to-navigate voice response self-service.
- The new system will give you 24/7 access to conduct authorization approvals, claims inquiries, eligibility and benefit inquiries - that is, the ability to retrieve information at your convenience.
- Phase 1: Coming in June – You will be able to receive benefit information, determine member eligibility, query claims status and request forms
- Phase 2: Coming in August - When this is activated you will be able to register traditional outpatient care.



How TeleConnect Works

Members and Providers:

Call to the existing toll-free number

1. Select the appropriate option from the ECR menu (i.e. Claims Status, verify benefits, check eligibility, etc)
2. Automatically connect to TeleConnect
3. When prompted, use speech recognition to answer questions and access the information needed
4. Use “Help” prompts to receive clarification on what is being asked
5. Opt out at any time by pressing ‘0’ or stating “agent” or “representative”
6. Access TeleConnect 24 hours a day, 7 days a week

Provider/Member Connect

- Provides an online alternative to the telephonic services of TeleConnect.
- Gives providers a 24/7 available, easy-to-use tool for completing everyday service requests.
- Will allow users to check eligibility, benefits, outpatient authorizations Fall 2005 claims status, claims history, claims payment and view correspondence on-line.
- Allows single and batch claims submissions
- Enable providers to view their demographic information and submit changes online.
- www.valueoptions.com



*ValueOptions/VOC
Website*

www.ValueOptions.com



Corporate Website

 [About](#)[Services](#)[News](#)[Careers](#)[Releases](#)[Coverage](#)[Research](#)[Contacts](#)

In the Spotlight

Healthy Lifestyles and Weight
A Strategy for the Workplace

Domestic Violence
Prevention at Work



for providers

for members

for clients

Recent News

ValueOptions Receives URAC
Utilization Management
Accreditation

New Mexico's Behavioral Health
Collaborative Selects
ValueOptions as Statewide Entity

Colorado Awards Contract for
Mental Health Care to Colorado
Health Networks

Founded in 1983, ValueOptions develops and implements managed behavioral health and Employee Assistance Program services for Fortune 500 companies, national and regional health plans, as well as federal, state and local governments. Devoted to excellence in clinical care and customer service, we rank the well-being of our 23 million members as our first and foremost priority.

Over the last several decades, experience has taught us that when it comes to managing behavioral health care, solutions must be dynamic and diverse. To this end, ValueOptions understands that across all aspects of our daily business; vision, innovation, and operational expertise are the keys to success. By offering cutting-edge services for our clients, members, and providers, ValueOptions prides itself on consistently exceeding the evolving needs of the marketplace.

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Corporate Provider Relations Website



Provider Online Services

[Log In](#)
[Register](#)

Welcome to ValueOptions' Provider Online Services!

To enter our secure 24X7 Provider Online Services site, simply login and you can complete a variety of administrative transactions in no time at all. Or if you have never accessed our secure provider portal, you can easily register, and then you can quickly start leveraging our many online capabilities.

Attention!
For those providers that belong to certain program-specific networks, please click [here for more information!](#)

*Please note: All online transactions are completed in a secure manner. We are certified by VeriSign and all patient and claims information remains confidential.

In addition to our online transaction services, our comprehensive online handbook offers a quick, easy-to-use reference for most provider questions. Sections of the online handbook include; Administration, Clinical Criteria, Treatment Guidelines, EAP Information, Disability Information, a Glossary of terms, as well as important Forms that you can download.

Additionally, Provider Online Services contains network-specific information for those providers who belong to program-specific networks that service particular populations. Here you will be able to find handbooks, forms, and other details that are unique to that particular program.

Provider Online Services also contains recent provider news, as well as educational materials that providers or their staff may find very useful.

Once again, welcome to ValueOptions' Provider Online Services. If you have any questions, please don't hesitate to contact ValueOptions for assistance.

For Providers

- * [Provider Home](#)
- * [Compliance](#)
- * [Handbooks](#)
 - * [Administration](#)
 - * [Clinical Criteria](#)
 - * [Treatment Guidelines](#)
 - * [EAP Information](#)
 - * [Disability Information](#)
 - * [Glossary](#)
- * [Forms](#)
- * [Network-Specific Information](#)
- * [News](#)
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Corporate Provider Relations Website

- **Company News:** Read the most recent news about our company.
- **Network-Specific Information:** Find handbooks, forms, and other details that pertain to program-specific networks.
- **Educational Opportunities:** View educational articles and 2005 Provider Forums. eLearning under development.
- **The Valued Provider:** Access articles found in our provider newsletter. Read informative articles and learn about new initiatives underway at *ValueOptions*.
- **Change of Address and W-9 forms:** Help us keep the information we have on file for you current by downloading, completing and sending these forms to us.
- **Online Services:** Provider Connect - confirm eligibility of our members for service, submit claims directly over the internet, and check the status of a claim you submitted (etc.).
- **Forms:** Current VO/VOC forms posted for your convenience to download and submit.
- **VOC Provider Handbook:** Available online.- Under the Network-Specific; California field Always up-to-date.

ValueOptions of California Website- found on the Network-Specific Page



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ValueOptions of California

ValueOptions of California (VOC) is a wholly owned subsidiary of ValueOptions and a health care service plan licensed under the Knox-Keene Act to provide mental health/substance abuse (MHSA) and employee assistance program (EAP) services to commercial clients and public sector accounts. VOC also provides administrative services to ValueOptions administrative service only (ASO) clients.

To assure services are appropriately monitored and continuously improved for both VOC and ValueOptions business, VOC has developed and implemented a comprehensive Quality Management Program (QMP). As a Knox-Keene Plan, VOC is strictly regulated by the California Department of Managed Health Care (DMHC).

The structure of the QMP encompasses the vision and mission of our organization and complies with the National Committee for Quality Assurance (NCQA), the American Accreditation HealthCare Commission/URAC, and other industry standards. The broad stakeholder involvement approach to the QMP has brought national recognition from several organizations, including The National Alliance for the Mentally Ill (NAMI).

New Claims Submission Address for ValueOptions of California Providers

Effective January 1, 2005, the address for claims submission is no longer Long Beach, California. Please mail all claims to:

ValueOptions Inc.
P.O. Box 1290
Latham, NY 12110

VOC Provider Handbook

- Prepared as a guide to *ValueOptions of California* policies and procedures for individual providers, affiliates, group practices, programs and facilities.
- Provides important information regarding the managed care features incorporated in the *ValueOptions of California* provider contract; and also reflects the policies that are applicable to our “general” commercial product lines.
- Divided into the following sections:
 - **Administration**
Provider Responsibilities, Credentialing and Sanctions, Claims, Online Services, Referral, Quality Management, and Utilization
 - **Clinical Criteria**
 - **EAP Information**
 - **Treatment Guidelines**
 - **Forms**
 - **Glossary of Terms**
- We also made each section printer friendly for your convenience.
- CD version not available

Provider Forum – Los Angeles

QUESTIONS



***PLEASE BE SURE TO FILL OUT YOUR VALUEOPTIONS
EVALUATION FORM AND TURN IN FOR THE DRAWINGS***



Thank you!

www.ValueOptions.com

