

Provider eNews

FEDERAL MENTAL HEALTH PARITY (FMHP) ACT

CHANGES EFFECTIVE JANUARY 1, 2011

The provisions of the Federal Mental Health Parity (FMHP) Act require that ValueOptions® change its current processes related to the clinical management of mental health and substance abuse services. In general, FMHP applies to all employer groups with 50 or more members. Collectively bargained plans do not need to comply until the next bargaining agreement. At this time, members of Medicare Advantage are not subject to these provisions and should not anticipate changes to current clinical management processes (e.g., prior authorization, other utilization management). Medicaid managed care plans are subject to the provisions, and additional guidelines will be forthcoming from Centers for Medicare and Medicaid Services (CMS).

Some employer groups with effective dates of July 1, 2010, have already been subject to the changes delineated below for inpatient, alternative levels of care (ALOC) and outpatient services. Employer groups with an effective date of January 1, 2011, will be subject to the changes delineated below for inpatient, alternative levels of care and outpatient services. Therefore, it is important that you verify a patient's benefit plan prior to requesting services via the ProviderConnect benefit tab or when calling the appropriate telephone number located on the back of the member's benefit card.

All care and services must continue to meet medical necessity requirements.

Inpatient and all Alternative Levels of Care

Within 24 hours of admission, ValueOptions® will require notification of a member's admission to inpatient mental health or a substance abuse treatment facility, including alternative levels of care. Please note that ALOC includes partial hospitalization and intensive outpatient programs for the treatment of either mental health or substance abuse illnesses. Notice can be provided via ProviderConnect using the request for services function or by calling the appropriate telephone number on the back of the member's benefit card. Failure to provide notification as required by the benefit plan may result in penalties being applied as follows:

- Claims payment may be made at a reduced rate,
- Services may be subject to an additional deductible,
- Denial of coverage.

Dates of service may be denied if you fail to provide notification as required by the benefit plan and claims are submitted for services that have not yet been reviewed. In these situations, ValueOptions® will allow retrospective reviews, as permitted in accordance with the terms and conditions of the contract. When retrospective reviews are conducted, it is expected that medical records will be furnished upon request. In the instance that complete medical records are not provided, network providers should expect administrative denials to be applied to claims submitted. ValueOptions® is required to make medical necessity determinations. If out-of-network providers do not provide requested records, clinical denials may result.

Outpatient Services

With regard to Outpatient Services, for those plans that are affected by FMHP, authorization prior to beginning treatment is no longer required. In place of the current pass through/registration processes for outpatient services, ValueOptions® will initiate an outlier care management model. The outlier model will focus on individual cases by diagnostic category where the course of treatment varies significantly from expected norms. For plans that are not impacted by FMHP, current model of pass through/registration will continue. We remind you of the importance of reviewing your member's benefit on the benefits tab on ProviderConnect or by calling the appropriate telephone number located on the back of the member's benefit card.

If a case is identified as an outlier, ValueOptions® will request additional clinical information about the member's treatment in order to conduct appropriate utilization management. Similarly, if an individual provider's treatment patterns within a diagnosis varies significantly from expected norms, additional information may be requested.

In these cases, an outpatient review form will be requested via your ProviderConnect Message Center. If you are not registered online we encourage you to do so. If you do not participate in our web-based ProviderConnect application, you will receive a letter with an outpatient review form to complete.

ValueOptions® will continue its focus on those members diagnosed with complex mental health and substance abuse illnesses. Early in these patients' treatment regimen, the treating provider will be contacted for purposes of developing an individualized plan of care that incorporates treatment practice guidelines. Additional information on mental health parity can be found at: http://www.valueoptions.com/providers/Files/pdfs/Mental_Health_Parity_FAQ.pdf



PROVIDER ALERT: IMPORTANT INFORMATION REGARDING SCREEN ACTORS GUILD (SAG) - PRODUCERS HEALTH PLAN MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

The Screen Actors Guild-Producers Health Plan (SAG-PHP) is changing the mental health and substance abuse (MH/SA) benefits for their participants in order to comply with the Mental Health Parity and Addiction Equity Act effective January 1, 2011. Plan I benefits will change to reflect the medical plan design, and ValueOptions® will continue to administer the MH/SA benefits for these participants. **Plan II participants will no longer have MH/SA benefits.**

These are major changes for all SAG-PHP participants, but particularly those covered under Plan II. SAG-PHP participants affected by these benefit changes are encouraged to contact the Plan directly at **1-800-777-4013**. As a ValueOptions® provider, who might be providing services to a SAG-PHP participant, we strongly encourage you to contact ValueOptions® with any questions regarding these changes and to confirm participant eligibility for services in 2011.

PROVIDER ALERT: WHEN DOES HIPAA 5010 TAKE EFFECT?

General timeline for 5010 implementation:

- January – December 2010 – Internal testing period (Level I) in which covered entities perform all internal readiness activities to prepare for testing the new standards with trading partners.
- January – December 2011 – Trading Partner testing period (Level II) in which covered entities perform end-to-end testing with each of its trading partners. Testing must be completed by December.
- January 2, 2012 – Full compliance of 5010 standards by all entities.

VALUEOPTIONS® NORTH CAROLINA SERVICE CENTER PREVENTION PROJECTS ALCOHOL PREVENTION DURING PREGNANCY

MedStar Family Choice and ValueOptions® are collaborating on an initiative to increase screening of pregnant women for alcohol use during pregnancy. The pattern of alcohol use among pregnant women remains unchanged since 1991, based on research published by the US Centers for Disease Control and Prevention (CDC) when comparing rates between 1991 and 2005.

A brochure from the CDC entitled: **Think Before You Drink** will be enclosed in mailings to pregnant women along with other prenatal materials. The pamphlet provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking. The pamphlet is available in English and Spanish.

ValueOptions® recommends that practitioners consider using the **T-ACE** (T=tolerance, A= annoyed, C= cut down, E=eye opener) screening tool developed by R. J. Sokol, MD. This four item questionnaire is based on the CAGE, but was developed specifically for prenatal use. It takes about one minute to ask and provides validated screening for risk-drinking.

Early screening can contribute to “better risk identification, secondary prevention efforts, and improved pregnancy outcomes for offspring at risk from heavy prenatal alcohol exposure”. (Sokol RJ, Martier SS, Ager JW: American Journal of Obstetrics/ Gynecology 1989 Apr, 160(4): 863-8). Research by Grace Chang, MD concludes that consistent screening followed, when indicated, by brief interventions with women and their partners can result in reduced drinking levels even with high levels of use. (2005)

A copy of the T-ACE may be downloaded from the ValueOptions® website. Please call **866-719-6032** for a copy if you do not have internet access.



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VALUEOPTIONS® NORTH CAROLINA SERVICE CENTER PREVENTION PROJECTS

HELPING PEDIATRICIANS IDENTIFY AND EVALUATE ALCOHOL AND SUBSTANCE ABUSE

The American Academy of Pediatrics (AAP) Policy Statement- “**Alcohol Use by Youth and Adolescents: A Pediatric Concern**” (*Pediatrics* 2010;125;1078-1087; originally published online Apr 12, 2010; DOI: 10.1542/peds.2010-0438) states that “alcohol use continues to be a major problem from preadolescents through young adulthood.” They reported that current neuroscience research indicates that adolescent alcohol use can be related to “deleterious effects” on brain development. The Policy Statement discusses the importance of Pediatricians keeping up to date on issues related to adolescent alcohol and substance use in order to identify any “risk factors” of possible alcohol and substance abuse among their patients.

In the Policy Statement, The AAP referenced recommendations for Pediatricians which include: Provide Anticipatory Guidance and Preventive Care, Screen for Use, Provide brief intervention when clinically indicated and Refer for treatment.

To help providers identify “risk factors” among patients, The AAP supports the use of the **CRAFFT** Screening Tool and concurs that the screening tool/questionnaire is highly reliable when screening 14 to 18 year olds. The Center for Adolescent Substance Abuse Research (CeASAR) and Massachusetts Partnership have given providers permission to use a version of the CRAFFT Screening tool developed by CeASAR, Children’s Hospital. The CRAFFT tool/questionnaire can be obtained by calling ValueOptions® at: 866-719-6032 or can be downloaded at: http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm.

The questionnaire can be self administered by the adolescent while waiting for a well child visit. A score of two or more “yes” answers suggests a significant problem, abuse, or dependence, but is not sufficient enough to make a diagnosis. In this instance, a clinical evaluation is indicated and consideration of a referral should be given. Value Options® has a toll-free PCP Consultation Line for Pediatricians and Family Practice staffed by board-certified psychiatrists. Please call 877-241-5575 between 9 a.m. to 5 p.m eastern time. This service includes consultation regarding substance abuse assessment and treatment. Please identify yourself as a participating MedStar Family Choice Provider when calling this free service.

Please feel free to call 866-719-6032 or e-mail carrie.turner@valueoptions.com if you have any questions about this prevention project. The online version of Policy Statement- “Alcohol Use by Youth and Adolescents: A Pediatric Concern” can be found at: <http://www.pediatrics.org/cgi/content/full/125/5/1078>.

PROVIDER REMINDER: MEDICAL NECESSITY CRITERIA & ASAM CRITERIA

The ValueOptions® Medical Necessity Clinical Criteria and Treatment guidelines can be found in the provider handbook posted on the provider section of the ValueOptions® website. You can access the provider handbook by visiting the following link:

<http://www.valueoptions.com/providers/Handbook.htm#>

ValueOptions® has adopted the American Society for Addiction Medicine (ASAM) clinical criteria for substance abuse treatment. ValueOptions® cannot distribute these criteria since they are proprietary. The ASAM patient Placement Criteria (PPC-2) are not available on the ValueOptions® website but can be obtained by contacting ASAM directly by telephone 301-565-3920 or by mail 4601 North Park Ave. Upper Arcade, Suite 101, Chevy Chase, MD 20815.

ARE YOU RECEIVING IMPORTANT VALUEOPTIONS® PROVIDER ALERTS?

Have you recently changed your e-mail address or fax number? It's important that ValueOptions® is notified as this information is used to send important provider communications. Here are two options available to providers to send address and other changes to ValueOptions®.

ProviderConnectsm

Complete Practitioner or Facility Change of Address form

located at :

<http://www.valueoptions.com/providers/Adminforms.htm>

If e-mail and fax have changed be sure to complete the "e-mail" and "fax" fields at the top of the form and/or in sections 6&7 and:

- Save the completed form to your computer
- Login or register on ProviderConnect to create an inquiry
- Attach the completed Change of Address form to the inquiry
- Submit inquiry.

To send an inquiry in ProviderConnect follow these instructions:

1. Go to "My Practice Information"
2. Search for your practice profile
3. Click on Last Name
4. Click on "Send Inquiry"
5. Fill out Inquiry boxes and attach Provider or Facility Change of Address Form
6. Click "Submit"

Fax

Complete the Practitioner or Facility Change of Address form located at:

<http://www.valueoptions.com/providers/Adminforms.htm>

If e-mail and fax have changed be sure to complete the "e-mail" and "fax" fields at the top of the form and/or in sections 6&7 and:

- Save and Print the completed document
- Fax completed form to (866) 612-7795

Please note that a change of service or billing physical address requires an accompanying W-9 form, located at www.ValueOptions.com.

EAP CORNER: EAP CASE ACTIVITY AND BILLING FORM (CAF) CAN NOW BE SUBMITTED THROUGH PROVIDERCONNECT

Network providers authorized to perform EAP Services can now submit their EAP Case Activity and Billing Forms (the one-page version, CAF-1) via ProviderConnect. This enhancement reduces the time it takes to submit these forms as providers no longer have to fill out the paper version of the CAF by hand and will no longer have to fax the form.

Following are the steps for submitting the CAF via ProviderConnect:

- Log into ProviderConnect with your User ID and Password
- If you have not already registered for ProviderConnect please register by going to
 - www.ValueOptions.com
- Read the User Agreement page, and if you agree, select the "yes" button
- On your ProviderConnect Home page select "Review an Authorization"
- Enter the member ID, authorization number and/or authorization dates on the "Search Authorizations" screen and select "search"
- On the "Authorizations Search Results" page click on the blue hyperlink for the authorization number that corresponds with the services provided; this will bring you to the "Auth Summary" page

⇒ Select "Auth Details" tab at the top of the "Auth Summary" page

⇒ Select the "Enter EAP CAF" button to start the CAF entry process

The screenshot shows the 'Auth Details' page in the ProviderConnect system. At the top, there are navigation tabs: 'Auth Summary', 'Auth Details', and 'Associated Claims'. Below the tabs is a warning message: 'The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.' The main content area is titled 'Authorization Header' and displays the following information:

- Member ID: 987654321
- Member Name: ASLAN SUSAN
- Authorization #: 01-011410-48-43
- Client Auth #: 0003541789
- NPI # for Authorization: N/A
- Authorization Status: 0 - Open
- Authorization Letter(s): (click to view)

On the right side of the 'Authorization Header' section, there are three buttons: 'Return to search results', 'Complete Discharge Review', and 'Enter EAP CAF'.

Below the 'Authorization Header' is a 'Service Lines' table:

Line #	Submission Date	Service Code	Mod/Pr Code	Service Class Descr.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	01/14/2010	N/A		EAP SERVICES	01/07/2010-07/07/2010	5/5	3	0 - Open	N/A



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PSYCHOLOGICAL TESTING REQUESTS CAN NOW BE SUBMITTED THROUGH PROVIDERCONNECT!

Providers credentialed to perform psychological/neurological testing (e.g., psychologists) can now submit their requests through ProviderConnect. This enhancement will reduce the time it takes to submit requests as providers no longer have to fill out the Psych Testing Request form by hand and will no longer have to fax the form.

Testing requests can be submitted through ProviderConnect by completing the following steps:

- Log into ProviderConnect with your User ID and Password
 - If you have not already registered for ProviderConnect please register by going to:
 - <https://www.valueoptions.com/pc/eProvider/providerRegisterFromLogin.do>
- Read the User Agreement page and if you agree select the “yes” button
- On your **ProviderConnect Home** page select “Enter an Authorization Request”
- On the **Search a Member** page enter Member ID and DOB and select “search” button
- Select “next” on the **Demographics** page
- On **Select Service Address** page capture address and hit “next” button
- On **Requested Services page** follow these steps:
 - o Enter Requested Start Date
 - o Select “**Outpatient**” option on Level of Service pull down menu
 - o Select “**Mental Health**” option on Type of Service pull down menu
 - o Select “**Outpatient**” option on Level of Care pull down menu
 - o Select “**Psych Testing**” option on Type of Care pull down menu
- Complete fields on Psych testing page

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)

*Level of Service

*Type of Service *Level of Care *Type of Care

INTRODUCING VALUEOPTIONS® HEALTH ALERT

ValueOptions® is pleased to announce the availability of ValueOptions® Health Alert, a novel appointment and medication reminder system for both providers and members. This system, formerly known as ConciergeConnect, is available to all providers through the ValueOptions® ProviderConnectsm application. Providers can easily set up outpatient appointment reminders, medication administration reminders and medication refill reminders for their ValueOptions® members. Members can choose to receive reminders by email or phone. Members can also set up and manage their own reminders through the ValueOptions® MemberConnect portal. Additionally, members can also choose to receive mental health articles of the week by email.

Check out this new reminder system on the ProviderConnect Demo home page by clicking on “**Enter Member Reminders**”. Providers can access the ValueOptions® ProviderConnect demo by clicking on the link below.

http://www.valueoptions.com/PMC_prototype/ProviderConnect/pvd.html

Once on the “Provider” section of valueoptions.com click on the “**Try the Demo**” link on the right hand side of the screen to get started.



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2011 UPDATE ON PLANS ADMINISTERED BY VALUEOPTIONS® FOR THE BOEING COMPANY

Effective January 1, 2011, there will be some changes for Boeing plans administered by ValueOptions®. Please note these changes in regard to benefits and claims administration.

- ValueOptions® will continue management of the mental health and substance abuse benefits for most Boeing plans. As always, please contact ValueOptions® at **(800) 892-1411** or log on to ProviderConnect to check benefits and member eligibility.
- There are several changes to benefit plan coverage and design -- some in compliance with Federal Mental Health Parity and the Patient Protection and Affordable Care Act legislation, others a result of Boeing's annual review process. Some key reminders are:
 - ⇒ **Behavioral health claims paid by ValueOptions®** -- Effective January 2011, ValueOptions® is the claims administrator for Boeing behavioral health claims. Whereas for many Boeing plans behavioral health claims have previously been submitted to the local BCBS Plan or to a designated Regence Blue-Shield PO box, behavioral health claims for dates of service Jan. 1, 2011, forward should be submitted to ValueOptions® to the address below or submitted electronically. All claims appeals for 2011 dates of service forward are also handled through ValueOptions®.

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

Claims for dates of service prior to Jan. 1 for plans previously administered through Regence Blue Shield should continue to be submitted to Regence. There is no change in claims submission for the CIGNA HMO plan and UHC plans with MHSA benefits managed by ValueOptions®.

- ⇒ **No precertification for Outpatient care** -- A primary change will be the removal of requirements for precertification of routine Outpatient care for dates of service Jan. 1 forward. Precertification will still be required for some services provided on an outpatient basis such as Outpatient ECT. Please continue to contact ValueOptions® to confirm benefits and eligibility. For more information about ValueOptions® management of outpatient care, click on the Federal Parity FAQ on the Provider tab at www.valueoptions.com.
- ⇒ **Detox covered under behavioral health benefits for all plans** -- Previously under the Selections, Selections Plus and Select Network plans detox was covered under medical as opposed to behavioral health benefits. Beginning in January 2011, detox will be covered under the behavioral health portion of the benefit plan for all plans managed by ValueOptions® and will require the associated precertification or notification.

"GIVING VALUE BACK TO THE PROVIDER" WEBINAR SERIES

ValueOptions® is proud to announce the return of our "Giving Value Back to the Provider" Webinars. The presentations will introduce and discuss our new and exciting initiatives for you, the provider. Learn about ValueOptions®, Federal Mental Health Parity, ProviderConnect and so much more!

Visit the Following Link to Register for the Webinars:

http://www.valueoptions.com/providers/Files/pdfs/Giving_Value_Back_Webinar_Invite_2010.pdf

Webinar Recordings are Available in Case You Miss the Webinar Dates:

http://www.valueoptions.com/providers/Training/Training_Workshops_Archives_2010.htm

Date	Time
December 9, 2010	2:00 PM - 4:00 PM EST
December 10, 2010	11:00 AM - 1:00 PM EST