

# Provider eNews

## CREATING A CULTURE OF HEALTH

ValueOptions® is partnering with many of our customer organizations to support them in creating a culture of health within the workplace.

### Individual initiative plus environmental support

A culture of health refers to the “whole person” and the complex web of social influences that nurture individuals to achieve complete physical, mental and social well-being. A supportive culture will help keep people healthy, while supporting those who are working to improve their health. Employers will see greater program participation and lasting behavioral change.



### The power of culture

The culture of health mission is to engage employer populations to optimally manage health and wellness. Transmission of cultural values and norms are powerful determinants of behavior. People typically spend more than 40 hours a week at work. These hours are filled with environmental and social influences that impact individual behaviors, both positive and negative.

### Helping members make positive choices

You are a critical conduit of change for our members. As a behavioral health expert, your expertise helps people make positive lifestyle changes and adhere to treatment recommendations. You influence a person's decision related to acute or urgent problems. Your ongoing support encourages positive lifestyle choices, positive social networks and an overall healthy environment for our members.

As a ValueOptions® provider, you are critical to member participation in culture of health initiatives, through the behavioral health and EAP services you provide, including referrals, linkages and community resources.

Thank you for supporting our members who are participating in their company's culture of health initiatives. *For more information, please see ValueOptions® Culture of Health website:*

[www.valueoptions.com/cultureofhealth](http://www.valueoptions.com/cultureofhealth).

## "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 educational Webinar series will be offered to our providers twice a quarter. The presentations will introduce and discuss our new and exciting initiatives for you, the provider.

### What information will the Webinar include?

- Overview of ValueOptions®
- Credentialing and Contracting Information
- Overview of Clinical Operations and Initiatives
- ProviderConnect<sup>SM</sup> Overview
- And much more!

### Upcoming Dates and Times of Webinars:

Date	Time
September 16, 2010	2:00 PM - 4:00 PM EDT
September 17, 2010	11:00 AM - 1:00 PM EDT
December 9, 2010	2:00 PM - 4:00 PM EST
December 10, 2010	11:00 AM - 1:00 PM EST

### Who should attend the Webinar?

All providers and their office staff affiliated with ValueOptions® are invited to attend.

### How to Register for the Webinars:

Go to [http://www.valueoptions.com/providers/Files/pdfs/Giving\\_Value\\_Back\\_Webinar\\_Invite\\_2010.pdf](http://www.valueoptions.com/providers/Files/pdfs/Giving_Value_Back_Webinar_Invite_2010.pdf)

## VALUEOPTIONS® LAUNCHES AN OUTPATIENT DETOXIFICATION BUPRENORPHINE (SUBOXONE® or SUBUTEX®) MAINTENANCE PROGRAM

ValueOptions® is now offering a program to several of our clients called the Outpatient Detoxification/Buprenorphine (Suboxone® or Subutex®) Maintenance Program.

ValueOptions® feels this program is necessary to help the estimated several million individuals who are suffering from abusing prescription medications and other opioids throughout our nation.

To learn more about the Outpatient Detoxification Buprenorphine (Suboxone® or Subutex®) Maintenance Program please visit: <http://www.valueoptions.com/providers/ProNews.htm>

## PROVIDER ALERT: WHAT IS HIPAA 5010?

In January 2009, the Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards Final Rule were published as part of Health Insurance Reform. The Final Rule replaces current Version 4010 standards with Version 5010 standards and takes effect January 2, 2012. ValueOptions® will keep providers up to date on all of the changes involved with HIPAA 5010. Stay tuned for additional information about HIPAA 5010 in the provider eNewsletter.

**With the Version 5010, the formats currently used must be upgraded from X12 Version 4010A1 to 5010. Formats that must be upgraded include:**

- Claims (837-I, 837-P)
- Remittance Advice (835)
- Claim Status Inquiry/Response (276/277)
- Eligibility Inquiry/Response (270/271)
- Requests for Authorization (278/278)

**Some changes with 5010 standards include:**

- Prohibit use of PO Box address for Billing Provider
- Require 9 digit zip code
- Enhanced NPI Reporting rules
- Expansion of the number of Diagnosis Codes to 12
- Strong emphasis on COB information



**Contact Us:** Please send your comments, ideas and suggestions for upcoming editions of *Provider eNews* to [PRelations@ValueOptions.com](mailto:PRelations@ValueOptions.com).

## ON TRACK OUTCOMES: PROVIDER FEEDBACK

ValueOptions<sup>®</sup> spoke with a few providers who are participating in the **On Track** Outcomes program. Providers reported that **On Track** has helped them in their practice by helping them identify and focus on the main issues the clients are facing. The top reasons providers participate in the **On Track** outcomes program are:

- Feedback from clients helps the provider to quickly see progress.
- The client feedback form helps providers immediately focus on client issues.
- Providers can use the ValueOptions<sup>®</sup> **On Track** program with all of their members.
- The forms are easy to use and easy to read.
- Providers can show their clients the progress that they are making in their therapy.

### On Track Provider Testimonials :

- *"I have truly embraced the On Track program. We do see the benefits of the program."*
- *"One by one, our therapists are also firm believers in the system. We are now moving to the phase of having them share the data with their clients. As each one finds that connection and its benefits, we will be an even better center."*
- *I find the On Track info so helpful that I use the CFF with all other clients whose insurance doesn't require the use of another specific outcome measure. I have encouraged my associates to do so as well, and they are finding it helpful. I love having the data. I believe strongly in measuring outcomes and having that information helps with treatment."*

Providers who are interested in learning more about this program are encouraged to visit the **On Track** section of the ValueOptions<sup>®</sup> website:

<http://www.valueoptions.com/providers/News/OnTrack.htm>

## What is New for ValueSelect Providers?

### Essential Learning

**Are you a ValueSelect<sup>sm</sup> provider interested in earning continuing education credits to fulfill an upcoming licensure renewal?** If so, you can fulfill your continuing education requirements at Essential Learning. You should have already received your Essential Learning welcome letter and learner manual. As a reminder, in order to get started and signed in, you need to follow the Essential Learning link after signing into ProviderConnect<sup>sm</sup>. The Essential Learning link is on the left hand side of the ProviderConnect<sup>sm</sup> home page. Once you click on the link it will bring you to the Essential Learning sign-in page. Enter your user name and your password to get started.

**If you are not a ValueSelect<sup>sm</sup> provider and are interested in taking courses for FREE, you can!** You can join the Essential Learning program at no charge by becoming a ValueOptions<sup>®</sup> ValueSelect<sup>sm</sup> Provider. Visit the following URL to learn more about how to qualify as a ValueSelect<sup>sm</sup> Provider:

[http://www.valueoptions.com/providers/spotlight/VSP\\_Newsletter\\_Oct2009.pdf](http://www.valueoptions.com/providers/spotlight/VSP_Newsletter_Oct2009.pdf)



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# PROVIDER ALERT - FEDERAL MENTAL HEALTH PARITY (FMHP)

*THIS ARTICLE WAS REVISED SINCE INITIALLY PUBLISHED IN THE JULY/AUGUST PROVIDER ENEWS*

To ensure compliance with the provisions of Federal Mental Health Parity (FMHP) effective, January 1, 2010, ValueOptions® has been making changes to the processes it currently employs to manage mental health and substance abuse services.

FMHP in general, applies to all employer groups with 50 or more employees. As ValueOptions® employer groups are brought into compliance, the following process changes will take effect. Medicare and Medicaid members are not subject to the provisions of FMHP at this time, and therefore no changes will be made to the current processes in place for Medicare and Medicaid. Collectively bargained plans will be subject to FMHP at the next contract revision. Retiree plans will be subject to FMHP the same time as Medicare. This date has not been determined at this time.

## Inpatient and all Alternative Levels of Care

For the majority of plans, in place of the current preauthorization provisions, ValueOptions® will now require that notification of a member's admission to an inpatient mental health or substance abuse treatment facility be made within 24-hours. This same 24-hour notice requirement also applies to members admitted to Alternative Levels of Care (ALOC). ALOC includes partial hospitalization and intensive outpatient programs for the treatment of either mental health or substance abuse illnesses. Authorizations and notification requirement may vary by benefit plan.

## Outpatient Care

Benefit plans for outpatient treatment may vary and in place of the current pass through/registration outpatient processes, ValueOptions® will initiate an outlier care management model. This outlier model will focus on individual cases by diagnostic category where the course of treatment varies significantly from the expected norm.

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

ValueOptions® will also continue its focus on those members diagnosed with complex mental health and substance abuse illnesses. ValueOptions® will be contacting the treating provider early in the patients' treatment regimen in order to develop, in conjunction with the provider, an individualized plan of care. The goal of this process is to help assure, in cooperation with the provider, the best possible outcome for the patient.

**ValueOptions® will continue to keep providers updated regarding the status of Federal Mental Health Parity. Click [http://www.valueoptions.com/providers/Files/pdfs/Mental\\_Health\\_Parity\\_FAQ.pdf](http://www.valueoptions.com/providers/Files/pdfs/Mental_Health_Parity_FAQ.pdf) to view the Federal Mental Health Parity Frequently Ask Questions document.**

