

Provider eNews

FEDERAL MENTAL HEALTH PARITY - REMINDER ON OUTPATIENT MANAGEMENT

Federal Mental Health Parity went into effect January 1, 2011 for most commercial contracts at ValueOptions®. In place of the pass through/registration model historically utilized for the standard outpatient services (individual, group and family therapy), an outlier model was adopted with a focus on individual cases by diagnostic category where the course of treatment varies significantly from expected norms. 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. This request for additional information is sent to the provider through ProviderConnect® via the Message Center as a Threshold Claim message **and must be responded to within 15 days of receipt to utilize the response link**. Some providers who do not have log-ins to the Web application will receive written requests for additional information in the standard U.S. postal mail, but this is the exception, not the norm. Therefore it is extremely important that all providers monitor their Message Centers to respond to these requests in a timely manner and to prevent any potential denial of claims. If providers wish to receive e-mail notification of new messages in the Message Center this can be set up on ProviderConnect in the My Online Profile section where an email address can be entered for notification purposes.

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
11-09-10	THRESHOLD CLAIM	TEST BEAU PARITY	COMPLETED
10-29-10	THRESHOLD CLAIM	TEST KEL PARITY	IN PROCESS

As part of the process of collecting additional clinical information there is a part of the review where treatment guidelines must be reviewed and endorsed. It is important that providers review the treatment guidelines related to the diagnosis they have provided for the member and **endorse ALL the guidelines that are applicable**. Failure to accurately provide this information can also delay the review process and result in a potential denial of claims.

Treatment Guidelines Interventions

- (Generic Mental Health Conditions) 1. Co-occurring medical conditions have been assessed and addressed, if applicable, in treatment plan
- (Generic Mental Health Conditions) 2. Co-occurring conditions have been assessed and addressed, if applicable, in treatment plan
 - a. For primary psychiatric disorders, co-occurring substance use conditions have been assessed and addressed, if applicable, in treatment plan
 - b. For primary substance abuse disorders, co-occurring psychiatric conditions have been assessed and addressed, if applicable, in treatment plan
- (Generic Mental Health Conditions) 3. For biologically based conditions,
 - a. appropriate pharmacological intervention has been prescribed and/or evaluated by members PCP/psychiatrist
 - b. Not applicable for this member
- (Generic Mental Health Conditions) 4. Treatment process includes one or more evidenced based psychosocial treatment modalities:
 - a. Cognitive behavioral therapies including social skills training, destabilization prevention, relapse prevention, standard cognitive therapy
 - b. Motivational Enhancement therapy
 - c. Illness management skills

For a more detailed overview of the Federal Mental Health Parity Outlier Model you may access the most recent presentation at:

http://www.valueoptions.com/providers/Files/pdfs/Mini_Webinar_Series_Outpatient_Services-FMHP_Outpatient_Outlier_Model_Refresh.pdf.

ANNOUNCEMENT: EMBLEMHEALTH BEHAVIORAL HEALTH SERVICES CONTRACT AWARD EFFECTIVE JANUARY 1, 2012

On January 1, 2012 ValueOptions' contract with EmblemHealth to administer the Emblem Behavioral Health Services Program to plan members in products underwritten by HIP or GHI HMO will become effective.

At this time, provider Agreements that were sent out earlier this summer should be returned to ValueOptions to ensure completion of the credentialing and contracting processes. If you have not already received your Welcome Packet, and are concerned about your participation status, contact the Provider Service Line at 800.235.3149.

Emblem Behavioral Health Services Program members who are in active treatment may elect to continue treatment for a period of 90 days with a provider who has declined network participation or has not completed the contracting process with ValueOptions. If a patient chooses to remain under the care of a provider who has declined network participation after the transitional 90-day period, services will not be covered as in-network and the patient may be responsible for all or a portion of the provider's charges, depending on the plan.

If you were delivering routine outpatient mental health and substance abuse services prior to January 1, 2012, no authorization is required to deliver continued care during the 90-day transitional period. For all other behavioral health services, you can obtain prior authorization to deliver continuing care starting January 1, 2012 by contacting the Emblem Behavioral Health Services Program at 888.447.2526.

If you have any further questions or need any assistance with the contract documents, please contact ValueOptions at 800.235.3149 between 8 a.m.- 5 p.m. ET, Monday through Friday. A Provider Network Representative will be available to assist you with any questions. We look forward to working with you!

VALUEOPTIONS AND MILITARY ONESOURCE

ValueOptions is pleased to have been chosen by the Department of Defense for the Military OneSource (MOS) program, providing non-medical counseling related to everyday life issues for our military men and women and their dependents, beginning October 30, 2011. There are few communities today that have not been directly impacted by the current demands of our military. Many times, the impact goes unnoticed or unaddressed. As a long time supporter of military members and their families, ValueOptions is committed to partnering with our provider network in serving this population. We are proud to be able to assist the military members and their families with the challenges & life stressors associated with deployment and re-entry issues. Our provider network is integral to this effort.

As a result, ValueOptions is inviting our current providers to join the MOS Network and partner with us to provide this critical support for U.S. Military members and their dependents. This non-medical counseling program closely parallels the counseling we offer for our EAP clients. Many of you may have received communication from ValueOptions via e-mail, fax or USPS inviting you to join our MOS network. In order to participate in this important program, you must return the documents that were sent to you and complete the trainings required.

For detailed information visit: http://www.valueoptions.com/providers/Network/Military_OneSource.htm and review the Frequently Asked Questions document .

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 overview
- And much more!

Who should attend the webinar?

All providers affiliated with ValueOptions are invited to attend.

Date	Time	Registration Link
Thursday, December 8, 2011	2 p.m. to 4 p.m. ET	https://www2.gotomeeting.com/register/953947923
Friday, December 9, 2011	11 a.m. to 1 p.m. ET	https://www2.gotomeeting.com/register/787221755

ARE YOU USING PAYSPAN HEALTH?

ValueOptions partners with PaySpan Health, a multi-payer adjudicated claims settlement service that delivers electronic payments and electronic remittance advices based on your provider preferences. With PaySpan Health, you stay in control of bank accounts, file formats, and accounting processes. You can access PaySpan by going to the following Website:

www.payspanhealth.com

If you use a Mac, try using Firefox as your browser. If you need to download Firefox please go to:

<http://www.mozilla.com/en-US/firefox/ie.html>

DO YOU NEED HIPAA 5010 INFORMATION?

Effective January 1, 2012, modifications will be made to the HIPAA electronic transaction standards. Current version HIPAA 4010 will be replaced with the 5010 version. In August 2011, ValueOptions began outreach to a select group of providers who submit 837 files. Additional communication regarding this topic will be available in coming months.

For additional information about HIPAA 5010, please access the ValueOptions HIPAA 5010 Frequently Asked Questions (FAQ) document.

http://www.valueoptions.com/providers/Files/pdfs/HIPAA_5010_FAQ.pdf

APPOINTMENT AVAILABILITY STANDARDS

As you enjoy your holidays, please remember the ValueOptions **Appointment Availability Standards**:

- ⇒ In an emergent situation members should be seen within six (6) hours of the request for an appointment or referred to an emergency service provider.
- ⇒ In an urgent situation, the member must be offered the opportunity to be seen within 48 hours of the appointment request.
- ⇒ In a routine situation, the member must be offered the opportunity to be seen within 14 calendar days of the appointment request.

If you will be unavailable to see our members for a specified period of time such as a vacation, Please remember to contact ValueOptions Provider Services Line at 800.397.1630. See your Provider Handbook for more detail.

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

NIKE, INC. BENEFIT PLAN CHANGES

The employees of the wholly owned subsidiaries of Nike, Inc., Cole Haan, Converse, Inc. and Hurley International LLC, will now be included under the Nike benefit plans including ValueOptions effective January 1, 2012. These benefits include Employee Assistance Program and the Mental Health/Substance Abuse benefits. The dedicated toll free number for Nike, Inc. is 800.892.8804.

SENIOR WHOLE HEALTH NEW YORK IS EXPANDING

We are excited to announce that Senior Whole Health New York is expanding their product to be available to members in 4 additional counties. They will now be offering their product to members in Queens, Kings, New York and Bronx counties effective January 1, 2012.

PROVIDER GUIDE TO UTILIZATION REVIEW WITH VALUEOPTIONS

In an effort to help providers understand our utilization review process, ValueOptions has developed this guide:

http://www.valueoptions.com/providers/Forms/Clinical/ValueOptions_Provider_Guide%20to_Utilization_Review.pdf

REMINDER FOR NEW YORK CITY PROVIDERS

This is a friendly reminder that if you are a participating provider in the CHCS IPA network with ValueOptions, you are eligible to deliver care to **Liberty Health Advantage and VNS CHOICE Medicare members**.

If you have any questions or need further clarification, please visit us at www.valueoptions.com or contact the provider relations team at 800.235.3149.

IMPORTANT-REGIONAL PROVIDER E-MAIL ADDRESS CHANGES

Effective September 1, 2011, the ValueOptions Provider Relations Department will change the regional e-mail addresses that providers use to ask general questions for assistance.

Please check this link <http://www.valueoptions.com/providers/ProRegOffices.htm> to see if the regional e-mail address that you have used in the past has changed.

VALUEOPTIONS NEEDS YOUR HELP!

SEND E-MAIL ADDRESS, FAX NUMBER & PHONE NUMBER UPDATES

Have you recently changed your e-mail address, fax number or telephone number? It is very important that ValueOptions is notified when your contact information has changed. We send important communications and reminders to providers using all of these contact methods. If we do not have your most recent e-mail address, fax number or telephone number, you may miss an important update.

- ⇒ To update your email address go to "My Online Registration Profile" in ProviderConnect
- ⇒ To update your mailing address, telephone number or fax number you can:
 - ⇒ Send an inquiry through ProviderConnect
 - ⇒ Call our Provider Services Line at 800.397.1630

VALUEOPTIONS INTRODUCES PROVIDER PULSESM

ValueOptions introduces Provider PulseSM, a convenient, up-to-the-minute ValueOptions provider network news system designed to enhance communication with network providers. The technology sends automated telephonic messages to provider phone numbers. Provider PulseSM alerts providers about upcoming events, training opportunities and credentialing reminders. With Provider PulseSM, ValueOptions enhances the ability to keep our provider community informed.

Providers should have already started to receive Provider PulseSM messages regarding Federal Mental Health Parity and re-credentialing application reminders. Stay tuned for additional Provider PulseSM messages throughout 2011.

IMPORTANT ONLINE RE-CREDENTIALING INFORMATION REGARDING SUPPORTING DOCUMENTATION

When uploading supporting documentation (e.g., copies of licenses, certifications, and malpractice insurance) within your online re-credentialing application (Provider Data Sheet), please be aware that we accept PDF files (*preferred format*), Microsoft Office files, Image files and text files. We are not able to accept TIF files.

Failure to upload documents in an acceptable format can result in processing delays and possible disenrollment. If you do not have this capability, you can fax your document to **866.612.7795**.

ONLINE RE-CREDENTIALING APPLICATION AVAILABLE ON PROVIDERCONNECT

The ValueOptions GreenSM Program has now expanded to include online re-credentialing. We are pleased to provide you with an option to review and submit your re-credentialing information online via ProviderConnect.

In accordance with the credentialing standards of the National Committee for Quality Assurance (NCQA), it is the policy of ValueOptions to re-credential providers on a tri-annual basis. Several months prior to your re-credentialing due date, you will receive a Provider PulseSM call from ValueOptions notifying you that your re-credentialing application is available for your review and submission. To access your re-credentialing application online, you can log into ProviderConnect using your ProviderConnectUser ID and password at: <http://www.valueoptions.com/providers/Providers.htm>.

For information on using ProviderConnect, please refer to the ProviderConnect Users Guide. It is available by clicking on the ProviderConnect Helpful Resources link on the ValueOptions provider home page. Once you have logged into ProviderConnect, select **Provider Data Sheet** on the left-hand menu, review all of the information and make any necessary changes. After you have completed the entire application, including the Provider Profile questions, please electronically sign the attestation. When electronically signing, the application will be automatically submitted for review by the credentialing staff at ValueOptions. If you choose to print and fax the Attestation/Participation Statement page, you will be prompted to automatically submit your application once you select the checkbox for "...intend to fax..." and Save. **Please Note:** If you choose to continue editing the application, you must click on **Submit** on the top of the application to successfully complete and submit your online application.

Important Document Changes - ORF 1 & ORF 2

The ORF 1 and ORF 2 will no longer be accepted after December 31, 2011. Beginning January 1, 2012, please use the Outpatient Review Document. The Outpatient Review can be found on the ValueOptions website at the following location:

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