

# Provider eNews

## IMPORTANT - FEDERAL MENTAL HEALTH PARITY (FMHP)

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, the 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](http://www.valueoptions.com/providers/Files/pdfs/Mental_Health_Parity_FAQ.pdf) or listen to one of the 2010 FMHP Webinar recordings at: [http://www.valueoptions.com/providers/Training/Training\\_Workshops\\_Archives\\_2010.htm](http://www.valueoptions.com/providers/Training/Training_Workshops_Archives_2010.htm).

## WAIT TIME STANDARD

ValueOptions® has established standards for participating practitioners and providers to ensure that our members can obtain the care they need within a reasonable time frame.

### Emergencies (life-threatening)

The member must be offered the opportunity to be seen immediately.

### Non-life-threatening emergencies

The member must be offered an appointment within six hours of request.

### Urgent

The member must be offered an appointment within 48 hours of request.

### Routine

The member must be offered an appointment within 10 business days of request.

It is important that all practitioners adhere to the these standards. If you are not able to meet these access standards, you should send the patient to the Clinical Referral Line where ValueOptions® staff can offer more options.

## MEMBER RIGHTS & RESPONSIBILITIES

ValueOptions® is committed to respecting our enrollees ' rights and responsibilities

### Enrollees have a right to:

- ⇒ Receive information about the organization, services, practitioners and providers, and enrollees ' rights and responsibilities.
- ⇒ Be treated with respect and recognition of their dignity and right to privacy.
- ⇒ Participate with practitioners in making decisions about their health care.
- ⇒ A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- ⇒ Voice complaints or appeals about the organization or care it provides.
- ⇒ Make recommendations regarding the organization ' s enrollees ' rights and responsibilities policies.

### Enrollees have a responsibility to:

- ⇒ Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- ⇒ Follow plans and instructions for care that they have agreed on with their practitioners.
- ⇒ Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

To print the ValueOptions® members rights and responsibility follow this link:

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

## Clinical Practice Guidelines

ValueOptions® clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. Development of the guidelines incorporates content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.

ValueOptions® has adopted its guidelines from the American Psychiatric Association for:

- Major depression
- Bipolar disorder
- Eating disorders
- Stress and posttraumatic stress disorder
- Assessing and treating suicidal behaviors
- Panic disorder
- Substance abuse disorders
- Schizophrenia

ValueOptions® has adopted its Attention Deficit Hyperactivity Disorder (ADHD) guidelines from the American Academy of Child and Adolescent Psychiatry, and Generalized Anxiety Disorder from the Canadian Psychiatric Association.

ValueOptions® has developed clinical practice guidelines for:

- Co-occurring related disorders
- Opioid-related disorders
- Adult ADHD
- Autism Spectrum disorders

Practice guidelines are available on the ValueOptions® Web site:

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

If you would prefer a paper copy of any ValueOptions® clinical practice guidelines, please call **866-719-6032**.

Copies of the APA guidelines can be downloaded from its Web site:

[http://www.psych.org/MainMenu/PsychiatricPractice/PracticeGuidelines\\_1.aspx](http://www.psych.org/MainMenu/PsychiatricPractice/PracticeGuidelines_1.aspx)

Please call APA customer service line if you do not have Web access at: **800-368-5777**.

Copies of the AACAP guideline on ADHD can be downloaded from:

<http://www.aacap.org/page.vw?section=Practice+Parameters&name=Practice+Parameters>

Please call **202-966-7300, x137** if you do not have Web access.

## CONFIDENTIALITY

ValueOptions® has written policies regarding protected health information (PHI). These policies address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI and accounting process for disclosures, as well as internal/external protection of oral, written and electronic information across the organization.

To view the ValueOptions® Privacy Statement follow this link:

[www.valueoptions.com/providers/ProPrivacy.htm](http://www.valueoptions.com/providers/ProPrivacy.htm)

## LEARN MORE ABOUT THE UTILIZATION MANAGEMENT PROGRAM

ValueOptions® strives to enhance the well-being of the people we serve. We see ourselves as an integral part of the communities in which we provide service and understand that many factors impact the state of a person's health. To best serve a given population and ensure relevant design of appropriate programs and services, we seek to learn from, and work with, individuals in those communities. As managers of the behavioral health benefits of millions of people, we are acutely aware of our responsibility to afford each individual every opportunity to achieve optimal outcomes.

ValueOptions® is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well being of the members. We are committed to supporting individuals in becoming responsible participants in their treatment.

### Decisions:

Utilization management clinicians are appropriately licensed behavioral health care professionals who work cooperatively with practitioners and provider agencies to ensure member needs are met. Providers and practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

If you would like to discuss an adverse decision, please call 703-390-5920 and ask to be scheduled with the peer advisor who rendered the decision.

### Criteria:

ValueOptions® utilizes internally developed behavioral health clinical criteria. The criteria are assessed, and if necessary revised, at least annually by the ValueOptions® Corporate Executive Medical Management Committee. The criteria are available for your review in your provider handbook or on our Web site at:

[www.ValueOptions.com/providers/Handbook.htm](http://www.ValueOptions.com/providers/Handbook.htm).

ValueOptions® follows the criteria developed by the American Society of Addiction Medicine (ASAM) for treating adult and children/adolescent issues with substance abuse. If you do not already have a copy of the ASAM criteria, you can order it by going to the following Web site:

[www.asam.org/PatientPlacementCriteria.html](http://www.asam.org/PatientPlacementCriteria.html) or call ASAM at 800-844-8948.

If you are in need of a provider handbook, or would prefer the handbook on CD, please call the ValueOptions® Provider Relations department.

### Financial Incentives:

ValueOptions® does not provide rewards or incentives, either financially or otherwise, to any individuals involved in conducting utilization review, for issuing denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientifically-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

## MALPRACTICE LIMIT CHANGES FOR MVP IN-NETWORK, NON-PRESCRIBING PROVIDERS

Effective with the next re-credentialing period, malpractice limits for in-network, non-prescribing MVP participating providers in New York and New Hampshire service areas will change. This change also applies to the MVP participating providers in Bradford County, Pennsylvania and Berkshire County, Massachusetts. The new malpractice limits for non-prescribing providers will be \$1 million per occurrence and \$3 million aggregate for those providers currently in the MVP network. These changes will also apply to any non-prescribing providers joining the MVP network as of January 1, 2011.

Providers impacted by the malpractice limit changes will receive an e-mail or fax communication from ValueOptions®. Providers may also contact the ValueOptions® Provider Service Line at 1-800-397-1630 with any questions about this change.

**Note:** As a reminder, all facilities and organizational providers in the MVP network must possess general liability insurance at a minimum level of \$1 million per occurrence and \$3 million aggregate in addition to professional liability coverage.

## ATTENTION: IN-NETWORK PROVIDERS TREATING MERCK MEMBERS FEDERAL MENTAL HEALTH PARITY UPDATE

In an effort to ensure prompt and accurate in-network provider reimbursement for inpatient and outpatient services provided to Merck members, it is essential that timely claims be submitted to ValueOptions®. Claims inadvertently filed on an out-of-network basis can result in recovery of improper payment and other administrative action. Charging the appropriate member co-payment is contingent upon providers filing claims in accordance with their network designation (i.e., in-network, out-of-network).

Additional information regarding Mental Health Parity can be found at

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

Specific questions or concerns may be addressed by your regional Provider Relations Department or Account Management team.

## FOLLOW VALUEOPTIONS® ON SOCIAL MEDIA

### VALUEOPTIONS® IS NOW ON TWITTER, FACEBOOK AND LINKEDIN

In fall 2010, ValueOptions® entered the world of social media by strategically placing pages on top-ranking social networks. Providers now have access to news regarding ValueOptions® through [Facebook](#), [Twitter](#) and [LinkedIn](#). Press releases, provider and industry news, employment opportunities, and behavioral health tips are broadcast to the ValueOptions® network via ValueOptions® branded social networks. All information is compliant with HIPAA federal health privacy laws.

Our network providers are encouraged to become followers and/or fans of the ValueOptions® social media pages in order to stay abreast of provider updates and news regarding ValueOptions®. Please use the links below to start following ValueOptions® today:

Facebook:

<http://www.facebook.com/pages/ValueOptions-Inc/116504905055345?ref=sgm>

Twitter:

<http://twitter.com/valueoptions>

LinkedIn:

<http://www.linkedin.com/in/valueoptions>

Please note, provider news will still be posted to our ValueOptions® provider news page, but we wanted to expand our communication channels through social media outlets as well.

## VALUEOPTIONS® OF CALIFORNIA, INC. (VOC) TIMELY ACCESS STANDARDS AND LANGUAGE ASSISTANCE PROGRAM (LAP)

California regulations CCR 1300.67.2.2 and 1300.67.04, require VOC to inform its contracted providers of its timely access standards as well as certain information regarding its Language Assistance Program ( "LAP" ).

VOC 's timely access standards\*:

Level of Care	Access Standard
Emergency Care (life threatening)	Available Immediately
Emergency Care (non-life threatening)	Available within 6 hours
Urgent care appointments	Appointments available within 48 hours
Routine MHSA appointments	Appointments available within 10 business days
Routine EAP appointments	Appointments available within 7 calendar days
After hours coverage (providers)	24 hours/day by telephone service
Telephone access (VOC operations)	24 hours by live representative

\* These standards may also be found in the VOC Provider Handbook

### VOC Language Assistance Program:

It is VOC 's policy to provide language assistance services in accordance with the standards and requirements set forth by Section 1367.04 of the Knox-Keene Act, including the provision of interpretation and translation services at no charge to its members. Certain VOC documents are available to members in languages other than English. To obtain either interpretation or translation services members should call VOC at the number found on their Combined Evidence of Coverage and Disclosure Form

All VOC provider contracts require compliance with VOC 's LAP. Information on how to file a grievance, seek an IMR, or otherwise obtain assistance from the California Department of Managed Health Care ( "DMHC" ) is available in several languages through the DMHC' s website, [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov).

## 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.

## ON TRACK OUTCOMES PROGRAM

The ValueOptions® On Track Outcomes Program is designed to help clinicians incorporate client-reported feedback into their counseling and psychotherapy practices. A growing body of research demonstrates the power of this type of routine feedback to improve patient outcomes. The *On Track* program gives clinicians valuable tools to track client progress relative to benchmarks, to identify clients at risk for poor outcomes, and to demonstrate the impact of their services. *On Track* is based on a brief client-completed assessment and online reports. The *On Track* Outcomes program is intended for use by clinicians providing psychotherapy and EAP counseling services to our commercial membership.

### Here's what network clinicians have to say about On Track:

- ⇒ "I realize that having a method of measuring the severity of the problems my clients have is very important. I had been looking for years for something that I could give to everyone regardless of diagnosis. For the first time I felt I had an effective tool to help me determine the effectiveness of my treatment." (Mississippi)
- ⇒ "I have found that the forms catch aspects of their functioning that I may have otherwise missed due to the tendency to focus on the most pressing issues first. I am glad that we have had the opportunity to participate." (Oklahoma)
- ⇒ "I often show my clients the paper copies of the forms, which I keep until case closing, as they provide concrete representations of their progress and further empowers them to understand their role in symptom reduction." (Oregon)
- ⇒ "While I usually am pretty well attuned to these changes or lack of change from the content of the sessions, occasionally I am alerted to an adverse change that the client hasn't spontaneously disclosed--e.g., someone who has never before reported thoughts of self-harm but who gives a response on the current CFF indicating such thoughts." (Texas)
- ⇒ "On Track provides clear, concise, confidential client feedback in potential areas of concern AND also highlights effectiveness of treatment. The Client Feedback Form is easy to use and compliance is high. I am also provided with feedback about the therapeutic relationship that is material for discussion." (Tennessee)

On Track is provided to network providers at no cost. To learn more about the *On Track* program visit our web page at <http://www.valueoptions.com/providers/News/OnTrack.htm>.

## 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 BlueShield PO box, behavioral health claims for dates of service 1/1/11 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® at **ValueOptions® P.O. Box 1290 Latham, NY 12110**. Claims for dates of service prior to 1/1/11 for plans previously administered through Regence BlueShield should continue to be submitted to Regence. There is no change in claims submission for the CIGNA HMO plan and UHC plans with MHSAs 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 1/1/11 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](http://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.
- ⇒ **Precertification or Notification required for Inpatient and alternative levels of care** -- It continues to be expected that as a ValueOptions® contracted provider, you contact ValueOptions® to provide clinical information upon which medical necessity determinations can be made.

## NEW CONTENT ON ACHIEVE SOLUTIONS®

Achieve Solutions®, a health and wellness website available to more than 14 million ValueOptions® members, is a beneficial tool for behavioral health and employee assistance providers and their clients. Achieve Solutions® contains thousands of articles, quizzes and news items in 200 topic areas including depression, stress and marriage.

Last year, a public sector version of Achieve Solutions® was created to support our state-run contracts. It is currently in use by 11 contracts, and provides topics like Recovery, Resilience, Transitional Youth and Crisis Planning. The new content added is at a 6<sup>th</sup>-grade reading level and is available in Spanish.

Please remind your clients to check their company's Achieve Solutions® site often for new articles and multimedia tools. Visitors can also gain access to services in their community such as child care and elder care providers.

### What's new—a sampling

Hundreds of content items were added in 2010, but here are a few highlights.

### Videos

New videos corresponding with the monthly featured topic on the home page were added to the site. Titles include:

- Care for the Caregiver
- The New Balance: Say Yes to What Matters
- Managing a Chronic Illness
- Thinking Positive
- Invest in Yourself

### Audio

- Breaking Up Respectfully
- Defeating Depression
- Working With Stress

### Articles

- Overcoming Compassion Fatigue
- Learning to Love Again After the Death of a Spouse
- Using Your Imagination to Prepare for Important Conversations  
Helping People and Communities Recover From a Disaster

### Looking ahead

To engage return visitors, the Achieve Solutions® home page is changed daily, and every month a new featured topic is posted on the home page. Topics include articles, videos, quizzes and other resources on timely issues. Future titles:

- Change Your World, Change Your Health
- Don't Let Financial Stress Create Emotional Debt
- Healthy Habits on a Budget
- Stand Up to Stress

Visit [www.achievesolutions.net/providers](http://www.achievesolutions.net/providers) to access more articles, videos and resources!