

Provider eNews

PROVIDERCONNECTSM - A NEW FEATURE FOR ONLINE AUTHORIZATION REQUESTS

Prior to June 2011, a clinician reviewing authorization requests usually reached a provider by telephone to ask questions. In response to providers' suggestions, a **new feature was added to the authorization request flow last June**. Our new feature allows a clinician requesting additional information to send that request to the provider's message center. Via the message center, providers can review requests as well as see and provide one time responses to the clinician's questions.

Example of notice within the provider's message center:

Welcome Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER INBOX SENT

Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
05-11-11	ADDITIONAL CLARIFICATION NEEDED FOR REQUEST		IN PROCESS

Example of message to provider:

Message Center - Inquiry Details

Your Inquiry Details

Date Received:	05-11-2011	From:	Clinical Operations
Inquiry #:	05102011-4309338-010000	Subject:	Additional clarification needed for request
Member Name:		Member #:	

Inquiry Message:

Clinical Operations - 05112011 - 17:44:50 ET--
 Member Name:
 Inquiry ID:
 Inquiry ID #: 05102011-4309338-010000
 Auth # [05-051011-1-8](#)

Hyperlink to pop open read only view of authorization request

Additional information is required to process your authorization request. Please review the message below for the specific information needed. A response with the additional information requested must be submitted by 05/14/2011 17:44:50 PM ET via this message system to utilize this response process. For your reference, a copy of the review information previously submitted is attached. Please respond by using the text box provided. You may also attach any additional documentation with the submission.

[Note from Clinician]: Please provide the Following:
 Please provide the following: -Medications if any -Is member currently in treatment with Psych MD. -Is there any DSS involvement?
 click Auth# hyperlink to view request submitted
 Please Respond by: 05/14/2011 17:44:50 PM ET or Reply option will disable

Click "Yes" to Reply

Yes No Print

Selecting Yes expands message to include text box to reply to questions from reviewer as well as attach any additional documentation requested. Once documentation is completed - provider can submit to send the additional info back to the reviewer.

Maximum characters: 1500

Attach a Document

Complete the form below to attach a document with this Inquiry

* Document Type: Type of Document you are attaching...

* Document Description

Attached 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
- ProviderConnectSM overview
- And much more!

Who should attend the webinar?

All providers affiliated with ValueOptions® are invited to attend.

Upcoming dates and times of webinars:

Date	Time
Thu, September 15, 2011	2 PM to 4 PM ET
Fri, September 16, 2011	11 AM to 1 PM ET

How to register for the webinars:

Register for the webinar that best fits your schedule by clicking on the corresponding registration link.

Date	Registration Link
Thu, September 15, 2011	https://www2.gotomeeting.com/register/765244930
Fri, September 16, 2011	https://www2.gotomeeting.com/register/699733539

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 of 2011, ValueOptions® will begin outreach to a select group of providers that 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.pdf

ON TRACK OUTCOMES PROGRAM - WEBINARS

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. The *On Track* Outcomes program is intended for use by clinicians providing psychotherapy and EAP counseling services to our commercial membership. Interested providers can also attend a live "Introduction to On Track" teleconference.

⇒ **Thursday, July 14, 2011 1:00 to 2:00 PM ET Webinar ID: 474-326-714**

⇒ **Thursday, August 11, 2011 1:00 to 2:00 PM ET Webinar ID : 471-232-531**

Dial 1-877-785-0477, Access Code 6417542, to join the call. Go to www.joinwebinar.com and enter the webinar ID to view the webinar presentation during the call.

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 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 send ValueOptions® your most recent information, please do one of the following:

- ⇒ Send an inquiry through ProviderConnectSM
- ⇒ Call our Provider Services Line at 1-800-397-1630

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.

If you have any questions regarding Provider PulseSM, please contact us via e-mail at

PRelations@valueoptions.com.



Contact Us: Please send your comments, ideas and suggestions for upcoming editions of Provider eNews to PRelations@ValueOptions.com.

ONLINE RE-CREDENTIALING APPLICATION AVAILABLE ON PROVIDER-CONNECTSM

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 ProviderConnectSM.

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 ProviderConnectSM using your ProviderConnectSM User ID and password at: <http://www.valueoptions.com/providers/Providers.htm>.

For information concerning how to use ProviderConnectSM, please refer to the ProviderConnectSM Users Guide. It is available by clicking on the ProviderConnectSM Helpful Resources link on the ValueOptions[®] provider home page. Once you have logged into ProviderConnectSM, 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.

If you do not wish to access your application via ProviderConnectSM or if you have any questions regarding the on-line re-credentialing process, please contact the National Provider Line at 800-397-1630 between 8 a.m. to 5 p.m. Eastern Time, Monday through Friday, to request a copy be faxed or mailed to you. **It is important that you complete your re-credentialing application within 30 days of notification to avoid any interruption in your network participation status.**

ATTENTION EMBLEMHEALTH/GHI PROVIDERS

ValueOptions[®] will require notification of a member's admission to an inpatient mental health or substance abuse treatment facility 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.

FEDERAL MENTAL HEALTH PARITY REMINDER—REQUESTS FOR MEDICAL RECORDS

When a case is considered an outlier or when an inpatient or higher level of care provider/facility fails to notify ValueOptions® of an admission, providers receive a notice on their Provider Summary Voucher (PSV) that reads as follows:

“Medical Records are required for consideration of your claim. Upon receipt and review of your patient’s medical records, the claim will be processed and you will receive notification of the benefit determination.”

Please know that as a ValueOptions® contracted provider, you are prohibited from billing ValueOptions® or our members as a result of requests for medical records. For further clarification regarding the “no reimbursement for medical records” language please reference the following Provider Handbook and Contract resources:

Section 6.0 (page 16) of the Provider Handbook, *unless otherwise specifically provided for the in provider agreement, access to and any copies of member treatment records requested by ValueOptions® or designees of ValueOptions® shall be at no cost. Please see:*

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

Section 5.2 of the current ValueOptions® standard Agreement, *copies of medical records requested shall be provided at no cost to ValueOptions® or any Payor.*

NEW YORK CITY SERVICE CENTER PRESENTS THE FIRST EDITION OF “QUALITY CORNER” FOR PROVIDERS SERVING EMBLEMHEALTH/GHI MEMBERS

The New York City Service Center conducts many activities as part of its Quality Management Program. Designed to improve the quality of care and service received by our members, these activities include, but are not limited to:

- ⇒ Interventions to improve the rate of mental health ambulatory care follow-up after acute inpatient care
- ⇒ Interventions to increase the rate of psychiatric evaluations for members with a diagnosis of Major Depressive Disorder who are in outpatient treatment with a therapist other than a psychiatrist
- ⇒ Routine audits of randomly selected practitioner treatment records that include measurement of compliance with ValueOptions® Clinical Practice Guidelines
- ⇒ Member and practitioner satisfaction surveys
- ⇒ TeenScreen Primary Care Preventive Health Program
- ⇒ Antidepressant Medication Management Preventive Health Program

The success of these initiatives requires your knowledge, leadership and cooperation. We look forward to our continued partnership.

For more information about these and other quality management activities, please click on the link below:

http://www.valueoptions.com/providers/Network/Empire/GHI-EmblemHealth_PPO_Provider_Quality_Corner.pdf