DECEMBER 2012

VALUED PROVIDER eNEWSLETTER

SPOTLIGHT:

IN THIS ISSUE:

BUPRENORPHINE GUIDELINES

MedStar Family Choice, a Maryland Medicaid Managed Care Organization, and ValueOptions® are collaborating on an initiative to increase the rate of engagement in treatment for opiate dependency. Based on 2010 National Survey on Drug use and Health, approximately 2 million Americans abuse or are dependent on opiates. Over the past ten years, the percentage of individuals 12 and older who entered substance abuse treatment as a result of prescription opiate abuse has increased fourfold.

Counseling, involvement in community mutual help programs, and medication management form the cornerstone of treatment. Buprenorphine and injectable naltrexone are pharmacological tools in recovery that do not require delivery in a federally approved opioid treatment program. When appropriately administered, these medications show significant positive outcomes and are an underutilized aid in recovery. Medications alone are less effective without the integration of behavioral and psychosocial approaches.

MedStar Family Choice and ValueOptions have adopted the Substance Abuse and Mental Health Services Administration (SAMHSA) TIP # 40, ***Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction*** as well as ***An Introduction to Extended-Release Injectable Naltrexone for the Treatment of People with Opioid Dependence.*** These documents provide consensus and evidenced based guidance on the use of these medications. The goal of the TIP is to provide information that physicians can use to make practical and informed decisions about the use of Buprenorphine and Naltrexone to treat opioid addition

A one-page reference sheet based on the TIP is available for easy reference. Copies of the reference sheet may be downloaded from the ValueOptions website at:
http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm

Please call **1-866-719-6032** for a copy if you do not have internet access.

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

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IMPORTANT NOTICE - MEDICAL NECESSITY CRITERIA CHANGE

ValueOptions has updated our medical necessity criteria set for substance use cases. The revised criteria will go into effect on January 1, 2013 subject to specific contract requirements. The substance use criteria are now structured to be consistent with our mental health medical necessity criteria which have not been affected.

Why are we making a change? This change is designed to provide an easier to navigate framework for making clinical decisions. The change also enhances our ability to explain the rationale for these decisions using a framework that translates ASAM terminology into more readily understood language for both providers and members.

How do the ValueOptions substance use criteria relate to the American Society of Addiction Medicine (ASAM) placement criteria? We have historically used and will continue to use ASAM as the source of our clinical decisions related to substance abuse services. We are repositioning the ASAM criteria as a 'back end' decision support resource rather than the front end decision tool. ASAM is a nationally recognized organization with expertise in the area of addiction treatment. ValueOptions will continue to use the ASAM information as a national criteria reference tool in the same way we use the American Psychiatric Association (APA) treatment guidelines with our mental health decisions. ValueOptions clinicians seeking to differentiate levels of care may still use the ASAM 6 Dimensions as needed to further determine the appropriate level of care. The ValueOptions Substance Use criteria will be the decision tree and decision outcome explanation.

Please access the ValueOptions Substance Use Medical Necessity Criteria Provider FAQ for additional information.

The ValueOptions Substance Use Medical Necessity Criteria are expected to be available on our Clinical Criteria web page on or after November 19, 2012.

Annually, in October, the American Medical Association defines and releases a new set of Current Procedural Terminology (CPT®) codes. ***This new code set takes effect on January 1, 2013.***

IMPORTANT: 2013 MAJOR CHANGES TO CPT® CODES

Annually, in October, the American Medical Association defines and releases a new set of Current Procedural Terminology (CPT®) codes. ***This new code set takes effect on January 1, 2013***. Treatment providers use these CPT codes when submitting claims for services provided to their patients. This year's code set has several changes that dramatically impact provider billing. Many codes were either deleted or modified.

While the CPT code change information was recently released, ValueOptions has been proactive in evaluating any impact on internal processes that need to be modified to ensure uninterrupted support for our customers, providers and members.

We are working through the details and finalizing our plan for implementation; preparing provider communications; finalizing any internal modifications to clinical and administrative procedures; as well as preparing changes to our processes for vendor partner data exchange. Please continue to refer to the **ValueOptions Provider Website** for timely updates. We encourage providers to read the most recent **2013 CPT Code Change Provider Alert** located under the "Spotlight" section for additional information.

MILITARY ONESOURCE (MOS) PROVIDER CONTINUING EDUCATION

ValueOptions celebrates the anniversary of managing the Military OneSource (MOS) contract. We are very grateful to the MOS Network providers who have provided care to service members and their families and all who have joined the MOS Network over the past year. ValueOptions also wishes to thank you for your compliance with the Military OneSource contractual obligations.

For those providers who joined the MOS Network in 2011, the continuing education requirement of this contract is coming due with the Annual Renewal Training. All providers participating in the MOS Network are required to take an annual training within one year of completing the initial training. We will be sending invitations and reminders to all providers whose training are coming due. Free CEU credits will be available for those who take the trainings via Essential Learning, and we will also be offering the training via weekly live webinars. In order to complete the annual training, please log onto Essential Learning at http://vomilitaryonesource.training.essentiallearning.com/ using your 6 digit Value Options ID and the password: 'VALUEOPTIONS.' As an alternative, providers can register for a live webinar on the MOS Network Specific Page.

"For those providers who joined the MOS Network in 2011, the continuing education requirement of this contract is coming due with the Annual Renewal Training. All providers participating in the MOS Network are required to take an annual training within one year of completing the initial training."

Providers can contact us at MOSproviderrelations@militaryonesource.com with further questions about the training.

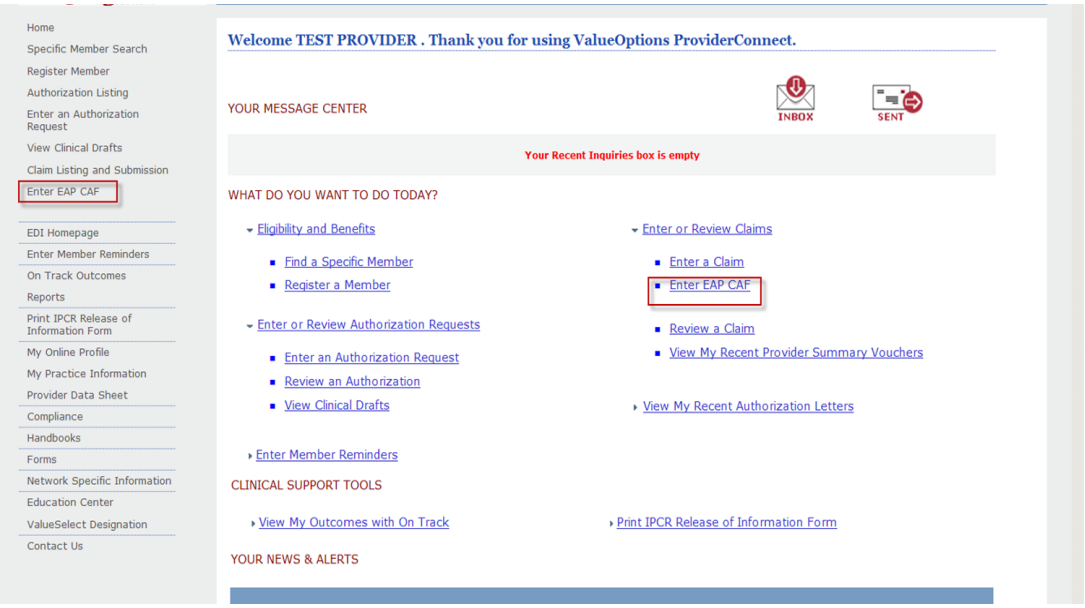
Essential Learning now offers an additional series of Military client specific trainings. ValueOptions is anticipating the creation of a **Serving Our Veterans Certificate** for those who complete all of the trainings within this series. For those who wish to further advance their knowledge of military culture and issues affecting military families, please take advantage of this training series. These courses do not take the place of the required MOS Trainings and they are located on Essential Learning's CEQuick website at http://vomilitaryonesource.training.essentiallearning.com/.

- Military Cultural Competence
- The Impact of Deployment and Combat Stress on Families and Children
    - Part I: Understanding Military Families and the Deployment Cycle
    - Part II: Enhancing the Resilience of Military Families
- Meeting the Behavioral Health Needs of Returning Veterans
- Overview of Suicide Prevention
- Cognitive Processing Therapy for PTSD in Veterans and Military Personnel
- Domestic and Intimate Partner Violence
- Epidemiology of PTSD in Military Personnel and Veterans
- Fundamentals of Traumatic Brain Injury
- Improving Substance Abuse Treatment Compliance
- Prolonged Exposure Therapy for PTSD for Veterans and Military Service Personnel
- Provider Resiliency and Self-Care: An Ethical Issue
- PTSD Then and Now, There and Here
- Working with the Homeless: An Overview

Thank you MOS Providers for your significant contributions to the health and wellness of our Armed Forces. We look forward to continuing this partnership in offering this essential service to Military families.

PROVIDERCONNECT EAP CASE ACTIVITY & BILLING FORM (CAF) ENHANCEMENTS

Network providers authorized to perform EAP Services can now access the "enter EAP CAF" functionality from the ProviderConnect Home Page. This enhancement allows providers to conveniently access the CAF functionalities within ProviderConnect directly from the home page of ProviderConnect as shown in the diagram below.



"Network providers authorized to perform EAP Services can now access the "enter EAP CAF" functionality from the ProviderConnect Home Page."

PROVIDERCONNECT - A MOBILE FRIENDLY SITE!

ValueOptions is pleased to announce that ProviderConnect is a "mobile-friendly" application. This means that users can pull up and access the site via Internet Explorer, Safari or whichever browser they have on their smartphones.

Providers can access ProviderConnect via their mobile phone by going to www.valueoptions.com. This will take you to the ValueOptions home screen. At the very top of the home page click on the "Mobile" link, then select the "Providers" tab. A confidentiality disclaimer will appear, once you select 'continue' you should be able to scroll down the page and see the same options you would typically see on the right-hand side of your screen when accessing ProviderConnect via your desktop.

If you want to experiment with the mobile site, select "Try the Demo". This is the static ProviderConnect demo site but you'll get the look and feel of what you will experience when you begin using the ProviderConnect mobile friendly site.

PROVIDERCONNECT SYSTEM AVAILABILITY

Throughout the year, in an effort to enhance provider experience with the use of ProviderConnect, ValueOptions conducts maintenance to our ProviderConnect applications for scheduled enhancements. The next scheduled enhancement for both ProviderConnect and MOS ProviderConnect is scheduled for the weekend of December 7, 2012. During such maintenance the ProviderConnect and MOS ProviderConnect applications are unavailable. Downtime occurs on the weekends to minimize interruption to our provider's normal operations. We regret any inconvenience you may experience during the system downtime.

Specific system downtime timeframes are announced on the **ValueOptions Provider website** in the pop-up box.

Please visit the ValueOptions provider page on a regular basis to check system availability. A schedule of our upcoming scheduled ProviderConnect system downtimes is included below.

DATES	SYSTEM
Friday, December 7, 2012 to Sunday, December 9, 2012	**ProviderConnect**
Friday, December 7, 2012 to Sunday, December 9, 2012	**MOS ProviderConnect**

"The next scheduled enhancement for both ProviderConnect and MOS ProviderConnect is scheduled for the weekend of December 7, 2012. unavailable.

PROVIDERCONNECT - HOW-TO VIEW A MEMBER'S ELIGIBILITY

The How-To Resources page lists video tutorials which help providers navigate and perform tasks needed in order to successfully do business with ValueOptions.

The featured How-To Video tutorial for December is How to View A Member's Eligibility?

Additional video tutorials will be added throughout the year. Learn how to use ProviderConnect and other ValueOptions' platforms at your convenience.

VALUEOPTIONS NORTH CAROLINA SERVICE CENTER COMMERCIAL DIVISION - 2012 KEY UPDATES

The ValueOptions North Carolina Service Center Commercial Division is committed to maintaining excellence in care and service in behavioral health treatment. For information on:

- ⇒ Quality improvement program structure and operations
- ⇒ Access, availability, and cultural needs
- ⇒ Satisfaction programs
- ⇒ Treatment records/criteria and practice guidelines
- ⇒ Coordination of care, quality improvement activity/initiatives
- ⇒ Utilization information and guidelines
- ⇒ Members' rights and HIPAA
- ⇒ Preventive health programs
- ⇒ Other quality improvement activities

Please log into our Web site at www.valueoptions.com, click on "Providers", "Network-Specific", "NCSC State Government and HealthPlans", then click "North Carolina Service Center Key Updates Newsletter for Providers & Practitioners." If you do not have Web access, please call Carrie Turner, ValueOptions, at 1-866-719-6032, to request a hard copy.

"Multiple new contracts have been awarded to ValueOptions. Accounts going live between November 2012 and January 2013 are…"

VALUEOPTIONS ANNOUNCES CONTRACT AWARDS GOING LIVE NOVEMBER 2012 - JANUARY 2013

Multiple new contracts have been awarded to ValueOptions. Accounts going live between November 2012 and January 2013 are:

Employer Groups

United Airlines
Franciscan Missionaries of Our Lady Health System (LA)

Health Plans

Total Heath Care (MI)

Medicaid Health Plans

MedSTAR Family Choice (DC)

EAP

American Express
Exelis
Hershey
GM Work Life Plus Program
Ellucian

Medicare Health Plans

Easy Choice (CA)

For additional information please refer to our Network Specific page or call the Provider Services line at 1-800-397-1630 Monday - Friday 8 a.m. to 5 p.m. ET.

COLORADO MEDICAID - PROGRAM INTEGRITY

Program Integrity is designed to promote a culture to identify, prevent and correct incidents of fraud, waste, & abuse in order to assure compliance with local, state and federal laws and regulations, policies and procedures, contract requirements and accreditation standards. Our Program Integrity Team investigates incidents which could qualify as Medicaid fraud and abuse violations, impermissible billing practices, and conflicts of interest.

Chart Reviews and Audits

Our Program Integrity Team performs monitors providers through member chart (treatment record) reviews and audits. According to Medicaid regulations, treatment records must be legible, accurate, and complete. Every service provided to a Medicaid member must have a corresponding note in the member chart, and treatment reflected in the progress note must be tied to the treatment plan.

The following are examples of deficiencies that may be noted in program integrity reviews or audits:

- Missing documentation (such as treatment plans, progress notes)
- Documentation is not legible to someone other than the author
- Repetitive or duplicate documentation, or records that are copied and pasted (such as evaluations, treatment plans, or progress notes)
- Documentation is missing required elements
- Progress note is missing required clinical or treatment components
- Billing for services not rendered
- Units billed are not supported by the documentation
- Billing for duplicate or overlapping services
- Billing for non-billable services
- Missing or illegible signature on progress note
- Billing at a higher level of care than provided
- Documentation does not support the service code billed

Remember if it is not documented, it didn't happen

Questions regarding program integrity issues may be referred to the Program Integrity Team from a variety of sources. Referrals come from a member inquiry or complaint; state, federal and other regulatory agencies; internal staff; and routine data analysis. The Program Integrity Team conducts the majority of audits through desk review audits. On-site audits are performed, at the discretion of the Program Integrity Team. Providers are not reimbursed for copies of documents and/or treatment records requested in the course of a review or audit. The Program Integrity Team will provide a written report of the findings to the provider within 45 days after completion of the review or audit.

In the event that improper or unsubstantiated billings are identified by the Program Integrity review or audit, the report of findings will include specific recommendations. These recommendations may include, for example, providing education to assist the provider in correcting deficiencies, a corrective action plan proposed by the provider, repayment of claims paid in error, and/or ongoing monitoring. Regardless of the reason for the deficiency, all payments made in error must be repaid. The provider has the right to appeal the Program Integrity findings. Providers who do not participate in the Program Integrity review and audit process are subject to disciplinary action, up to and including termination from the ValueOptions network.

Reporting

Anonymous reports of suspected fraud, waste and abuse, can be made 24 hours a day through the following methods:

- The Program Integrity Team for:
  - CHP at 1.888.589.3310
  - FBHP at 1.303.432.5985
  - NBHP at 1-970-347-2328 *(callers may leave an anonymous, recorded message)*
- The ValueOptions Compliance & Ethics Hotline at 1.888.293.3027

As required by state and federal regulations, the Program Integrity Team reports suspected cases of fraud and abuse to the State of Colorado Department of Health Care Policy and Financing and the Medicaid Fraud and Abuse Unit immediately upon discovery.

Resources

ValueOptions Provider Handbook; Colorado Training and Reference Manual for Behavioral Health Services; Colorado Medicaid Fraud Control Unit; Office of Inspector General Health Care Fraud Prevention and Enforcement Action Team (HEAT)

"Our Program Integrity Team investigates incidents which could qualify as Medicaid fraud and abuse violations, impermissible billing practices, and conflicts of interest."

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COLORADO COMPLIANCE - DOCUMENTING CARE

The ValueOptions' network of providers receives Medicaid payments on the basis of submitted claims for a covered service provided to an eligible individual by a credentialed provider. As documentation is the only evidence of the provider's work, it must meet the standards set forth by federal and state rules in order to justify medical necessity, and Medicaid requires more detailed and extensive documentation than providers traditionally use.

More and more audits of state Medicaid programs, hospitals, and individual providers, some with multi-million dollar paybacks, are occurring around the nation. To react to the changing climate in a proactive manner, ValueOptions is ramping up its quality reviews, compliance audits, and claims verification, hopefully to avoid significant negative consequences when a federal audit occurs in Colorado.

ValueOptions offered a training webinar in October, 2011, explaining the Medicaid requirements. We asked providers to implement the revised standards for any client entering services in January, 2012, and audits using the new standards began in May.

To date about 70 records across the three Behavioral Health Organizations that partner with ValueOptions have been audited for documentation quality and claims compliance. The average scores on these audits have been in the 60-70% range across the five areas of documentation. Eighty percent is the minimum passing score, and a number of providers met that standard.

Below are a few tips about ways to bring your documentation into compliance with the most recent standards. If you need an in-depth review of standards, you may go to the original webinar posted on each BHO website under "Provider Information". You will find at the same location four suggested forms drafted by VO for you to use or adapt in your practice.

1. Each enrolling Medicaid client should be informed of his/her rights and responsibilities. Document this by having the client/parent/guardian sign this page. The Rights & Responsibilities form is one of the suggested forms available on the BHOs' websites.
2. In describing the presenting problem, the provider should quote what the client says and also record clinical details, including specific symptoms and their onset, duration, frequency, intensity and impact on daily functioning. Such a detailed problem statement will be of great help to write a measurable treatment goal.
3. Assessment of Culture/Values/Beliefs includes more than naming one's ethnicity or religion. The provider should also consider factors related to the client's background and belief systems that have influenced his/her ideas about treatment or the treatment provider. Describe how such ideas will potentially affect the therapeutic relationship or the nature of therapeutic interventions you choose.
4. Less than half the charts audited had a comprehensive clinical formulation. Please write a short paragraph that justifies medical necessity by summarizing client symptoms and matching them to the DSM-IV criteria, states the client's willingness and ability to actively participate in treatment, and names the initial goals and interventions to be used until a formal treatment plan is in place. Include the anticipated Length of Stay.
5. Measurable Objectives in the treatment plan should give an indication of *how much* change will be enough to consider the goal "met". Words such as "increase" or "decrease" do not meet the standard of measurement. Details of symptom frequency and impact shown in the problem statement should tie into the objectives of the treatment plan.
6. Similarly, the description of the therapist's interventions to be used during treatment should be more thorough than merely stating "individual" or "family" sessions. Please name specific techniques and strategies you propose to use.
7. The Coordination of Care section of the audit had average scores lower than any other section. We encourage providers to routinely request a release of information for the client's primary care provider at intake, and then send the PCP a form letter showing diagnosis, date of enrollment, and how to contact you. Consultation with any other service providers/ resources such as teacher, pastor, caseworker, etc. should be documented. The beneficiary should be encouraged to seek medical care if s/he has not had a physical in the last year.

"As documentation is the only evidence of the provider's work, it must meet the standards set forth by federal and state rules…"

For more information about documentation standards or processes, please contact Rhonda Borders, Quality Specialist, at 719-589-9872, 719-580-2010 or by email,

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DUTY TO WARN WEBINAR SERIES

ValueOptions is committed to collaborating with providers to promote safe clinical practices. In the wake of recent high profile incidents of violence, ValueOptions presents the Duty to Warn webinar series. This presentation will review the legal and ethical issues and obligations faced by mental health providers when such events overlap clinical practice. We will begin with a review focusing on danger to self, which is more familiar to most practitioners and provides a basic set of guidelines that can then be used to understand the analogous principles involved in danger to others.

In the wake of recent high profile incidents of violence, ValueOptions presents the Duty to Warn webinar series.

The basic legal and ethical tenet is that "Confidentiality ends where Public Safety begins." By reviewing clinical practice guidelines in tandem with legal mandates, the presentation will clearly present the obligations of the provider in situations where emergent action is warranted or required. The reasons for such action, the specific action required, and the potential consequences for failure to act will be discussed. Finally, high profile case examples will be discussed to illustrate the issues raised in a discussion of Duty to Warn.

December

⇒ **December 4th 2 p.m. - 3 p.m. ET - Click here to register.**

⇒ **December 5th 10 a.m. - 11 a.m. ET - Click here to register.**

⇒ **December 13th 1 p.m. - 2 p.m. ET - Click here to register.**

⇒ **December 14th 11 a.m. - 12 p.m. ET - Click here to register.**

January

⇒ **January 10th 11 a.m. - 12 p.m. ET - Click here to register.**

⇒ **January 11th 3 p.m. - 4 p.m. ET - Click here to register.**

⇒ **January 15th 1 p.m. - 2 p.m. ET - Click here to register.**

⇒ **January 16th 10 a.m. - 11 a.m. ET - Click here to register.**