

APRIL
2014

VALUED PROVIDER eNEWSLETTER

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OVERCOMING COMPASSION FATIGUE

You are physically and emotionally drained, are apathetic, have an unshakeable negative attitude, and are no longer satisfied with your job. You may have felt like this before, but were able to recharge your battery by taking a break. Not this time. So, what's going on? You may be suffering from compassion fatigue.

Compassion fatigue is the gradual loss of empathy for others over time due to emotional and physical overload.

Those in the health care and mental health professions are the most susceptible. Yet, anyone who expends tremendous emotional energy day in and day out can be affected. This can include law enforcement, rescue and fire personnel, clergy, social service workers, and personal caregivers. As well, customer service representatives, who hear accounts of personal loss and tragedy from account customers who cannot pay their bills, can also develop compassion fatigue.

Burnout and secondary trauma stress

Compassion fatigue takes time to develop—weeks, months or even years. It includes burnout and secondary trauma stress.

Burnout is frustration and exhaustion stemming from a highly stressful workload and/or a nonsupportive work environment.

Secondary trauma stress is work-related, indirect exposure to extremely stressful events such as working with child abuse victims, treating war-related casualties and responding to disasters. It often begins soon after exposure to another person's specific traumatic event, but it can also be cumulative with repeated exposure to others' traumatic situations. Symptoms include:

- ⇒ diminished ability to feel empathy for others
- ⇒ emotional numbness
- ⇒ apathy, low motivation
- ⇒ loss of pleasure or satisfaction in normal activities
- ⇒ emotional and physical exhaustion
- ⇒ self-doubt, feelings of incompetence, hopelessness
- ⇒ a negative attitude

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OVERCOMING COMPASSION FATIGUE, CONT'D.

- ⇒ operating on "auto-pilot"
- ⇒ reduced productivity
- ⇒ poor self-care

Take care of yourself

The first steps to fighting compassion fatigue are to acknowledge it and make a commitment to healing yourself. Refocus on yourself. In order to tend to and be sensitive to others' needs, you must take care of your own wellbeing. Here are some suggestions:

- ⇒ Get enough sleep.
- ⇒ Eat a balanced, nutritious diet.
- ⇒ Maintain a regular exercise routine.
- ⇒ Don't use drugs and alcohol to cope.
- ⇒ Be supportive of yourself.
- ⇒ Learn to set limits with others.
- ⇒ Pray, meditate or relax daily.
- ⇒ Focus on what you do well.
- ⇒ Do something pleasurable each day.
- ⇒ Learn to "switch" on and off—leave work at work.
- ⇒ Seek out support from others.

Strive for balance by engaging in satisfying personal life activities to combat work stress. Preventing compassion fatigue is the key. It is much easier to stop it from occurring in the first place than it is to repair things once it sets in. The goal is to maintain your resilience so that you can continue doing your work with professionalism, energy and compassion.

If you are struggling with compassion fatigue, seek help from a mental health professional.

Resources

Compassion Fatigue Awareness Project www.compassionfatigue.org

By Karen Dickason, LCSW, CEAP © 2010 Achieve Solutions - This newsletter article is provided by the Achieve Solutions website. This article and other information provided on the Achieve Solutions site, including, but not limited to, articles, quizzes and other general information, is for informational purposes only and should not be treated as medical, psychiatric, psychological or behavioral health care advice. This article is not intended to be used for medical diagnosis or treatment or as a substitute for consultation with a qualified health care professional.

"The first steps to fighting compassion fatigue are to acknowledge it and make a commitment to healing yourself."

REMINDER ABOUT 2014-15 E-COMMERCE DEADLINES

In previous newsletters, ValueOptions® announced its E-Commerce initiative which begins this year and expands into 2015. By January 2015, the goal is to transition existing providers in the ValueOptions network to electronically perform all routine transactions, including verification of eligibility inquiries, submission of authorization requests and submission of claims and re-credentialing applications. New providers with a contract date on or after July 1, 2014 will be expected to use electronic resources for these types of transactions at the time they join ValueOptions.

To assist in this transition, we encourage providers if they haven't already done so, to register for ProviderConnect®, our own secure and HIPAA-compliant platform for claim, authorization and credentialing transactions. For direct deposit of your payments, we recommend providers rely on our partner, [PaySpan](#). ValueOptions also accepts claim submissions from clearinghouses, which reference our payer ID, FHC & Affiliates.

To learn more about ProviderConnect, providers can access the following resources available on ValueOptions.com:

- [Online Demo](#)
- ["Getting Started with ProviderConnect" User Guide](#)
- [ProviderConnect Registration form](#)

Additionally, ValueOptions offers monthly webinars on ProviderConnect. Upcoming dates are:

- [Tuesday, April 8, 2014 3 p.m. – 4 p.m. ET](#)
- [Tuesday, May 13, 2014 3 p.m. – 4 p.m. ET](#)

If these dates don't fit into your schedule, we also offer personalized training. To learn more about this benefit, contact our Provider Services line at 800.397.1630 or contact your [regional provider relations representative](#).

Technical Questions regarding using ProviderConnect can be directed to our EDI Help Desk at 888.247.9311 between 8 a.m. and 6 p.m. ET, Monday through Friday or by e-mail at e-supportservices@valueoptions.com.

"To assist in this transition, we encourage providers, if they haven't already done so, to register for ProviderConnect®, our own secure and HIPAA-compliant platform for claim, authorization and credentialing transactions."



UTILIZE CAQH TO CREDENTIAL OR RECREDENTIAL WITH VALUEOPTIONS®

Beginning April 1, 2014, ValueOptions network providers can utilize Council for Affordable Quality Healthcare's (CAQH) online Universal Provider Datasource® (UPD) for recredentialing purposes. In addition, new providers eligible to join the ValueOptions provider network may use CAQH's UPD for the initial provider credentialing process. The CAQH process gives providers a rapid and simple solution to securely submit credentialing information to multiple health plans. With assistance from Medversant, a company ValueOptions works with to manage health care provider information, ValueOptions will be able to collect provider's recredentialing information on CAQH's UPD. Overall, this new process will reduce paperwork and save time for providers and their staff. Most importantly, this service is available at no cost to participating providers.

A CAQH ID is required for those providers interested in participating with CAQH. Once a provider submits and receives their CAQH ID, providers can begin using CAQH's UPD for credentialing/recredentialing purposes. The provider must also give authorization to release their application in order for the application to become available to the health plan or network. For more information about CAQH, please visit their website at <http://www.caqh.org>.

DISCLOSURE OF OWNERSHIP FORM REQUIREMENTS

ValueOptions requires credentialing and recredentialing for all participating providers including individual practitioners and organizations. Credentialing and recredentialing are not only a ValueOptions requirement for participation or continued participation in its network, but is also required by State and Federal laws. Failure to submit a completed application with all required documents will result in denial of participation in any ValueOptions network or the termination from a ValueOptions network.

Credentialing and recredentialing begin with the submission of completed and signed applications, along with all required supporting documentation. The Disclosure of Ownership form is one example of required supporting documentation needed to complete the credentialing/recredentialing process. For those providers who subscribe to CAQH, you must attest to your provider information every 120 days. In this case, there is no need to send ValueOptions a credentialing or recredentialing application, but simply fax the Disclosure of Ownership form to ValueOptions.

The Disclosure of Ownership form is for providers who contract for a government line of business (Medicaid, Medicare or Military OneSource) and provides certain information regarding their ownership and control. The Centers for Medicaid and Medicare Services (CMS) requires ValueOptions to obtain this information to demonstrate that we are not contracting with an entity that has been excluded from federal and state health programs, or with an entity that is owned or controlled by an individual who has been convicted of a criminal offense, has had civil monetary penalties imposed against them, or has been excluded from participation in Medicare or Medicaid.

The Disclosure of Ownership form can be found on the ValueOptions website by clicking [here](#). For additional information, contact the Provider Services Line at 800.397.1630 between 8 a.m. and 8 p.m. ET, Monday through Friday.

“Overall, this new process will reduce paperwork and save time for providers and their staff.”



EMPIRE PLAN PROVIDERS - REVIEW AND SUBMIT CLAIMS ELECTRONICALLY VIA PROVIDERCONNECT®

ValueOptions offers an online provider portal, called ProviderConnect, to our participating providers. ProviderConnect is a secure, HIPAA-compliant website that enables providers to conduct online claims transactions quickly, accurately and efficiently. Online claims transactions include direct claim submission, batch claim submission and checking claim payment status.

By January 2015, ValueOptions network providers will be expected to use electronic resources for all routine transactions, including verification of eligibility inquiries, submission of authorization requests and submission of claims. Due to the upcoming changes, Empire Plan providers, not already registered for ProviderConnect, should register today. Empire Plan claims for all dates of service on or after January 1, 2014 should be submitted electronically to ValueOptions via ProviderConnect.

Listed below are the steps needed to submit a claim electronically through ProviderConnect.

Electronic Direct Claim Submission

1. Log into ProviderConnect
2. On the home screen, click the **Enter a Claim** button.
3. Select an option from the **Select Service Address** list and click **Next**.
4. Enter the earliest date of service for the claim in the **First Date of Service** field and click **Next**.
5. The Submit A Claim screen displays. Complete any applicable fields and click **Next**.
6. The Submit A Claim screen displays. Complete the fields in the *Service Line Entry* section.
Click **Submit** to submit the entire claim.

Checking Claim Payment Status

1. Log into ProviderConnect
2. On the home screen, click the **Review a Claim** button.
3. The following fields display with some of the information already populated.
 - ⇒ Provider ID
 - ⇒ Claim #
 - ⇒ Service From/Through
4. Click the **Search** button.

Batch Claim Submission

For instructions to submit a Batch Claim File, do one of the following:

- ⇒ Watch the [Video Tutorial](#)
- ⇒ Access the [ProviderConnect User Guide](#)
- ⇒ Call the EDI Help Desk at 888.247.9311 8 a.m. to 6 p.m. ET.

Technical Questions regarding using ProviderConnect can be directed to our EDI Help Desk at 888.247.9311 between 8 a.m. and 6 p.m. ET, Monday through Friday or by e-mail at e-supportservices@valueoptions.com.

“Empire Plan claims for all dates of service on or after January 1, 2014 should be submitted electronically to ValueOptions via ProviderConnect.”

BEGINNING APRIL 1, 2014, VALUEOPTIONS WILL NO LONGER MAIL PAPER PROVIDER AUTHORIZATION LETTERS FOR NEW YORK CITY CLIENTS

Beginning April 1, 2014, ValueOptions will no longer mail paper provider authorization letters for GHI, Emblem (Commercial, Medicare and Medicaid), VNS Choice Medicare and VNSNY Choice SelectHealth. Notices of new authorizations, and the letters themselves, are available on the ValueOptions online provider portal, ProviderConnect, our own secure and HIPAA-compliant platform for claim, authorization and credentialing transactions.

Electronic authorization letters provide several advantages over paper letters:

- ⇒ Natural resources are conserved.
- ⇒ Providers will be able to access authorization letters anytime with a secure internet browser.
- ⇒ Providers may access authorizations within 24-48 hours of a decision instead of waiting days for the mail.
- ⇒ Electronic authorization letters are not lost in the mail or a busy office.
- ⇒ Providers may download an electronic image of the letter instead of printing.

This change to electronic provider authorization letters for GHI, Emblem (Commercial, Medicare and Medicaid), and VNS Choice Medicare and VNSNY Choice SelectHealth, occurs concurrently with our E-Commerce initiative transition. The E-commerce initiative, which requires all network providers to electronically perform all routine transactions, including verification of eligibility inquiries, submission of authorization requests and submission of claims and recredentialing applications, begins January 2015.

We encourage providers if they haven't already done so, to register for ProviderConnect®. To learn more about ProviderConnect, providers can access the following resources available on ValueOptions.com:

- ⇒ [Online Demo](#)
- ⇒ ["Getting Started with ProviderConnect" User Guide](#)
- ⇒ [ProviderConnect Registration form](#)

Additionally, ValueOptions offers monthly webinars on ProviderConnect. Upcoming dates are:

- ⇒ [Tuesday, April 8, 2014 3:00 – 4:00 p.m. ET](#)

Technical Questions regarding using ProviderConnect can be directed to our EDI Help Desk at 888.247.9311 between 8 a.m. and 6 p.m. ET, Monday through Friday or by e-mail at e-supportservices@valueoptions.com.

If you have general questions, please read the [Electronic Provider Authorization Letter Frequently Asked Questions](#) or call the National Provider Line at 800.235.3149 available from 8 a.m. to 8 p.m., Monday – Friday.



"This change to electronic provider authorization letters for GHI, Emblem (Commercial, Medicare and Medicaid), and VNS Choice Medicare and VNSNY Choice SelectHealth, occurs concurrently with our E-Commerce initiative transition."

ILLINOIS PROVIDERS - NEW REPORTING REQUIREMENTS

In the state of Illinois, the Concealed Carry Law (PA 98-063) recently took effect. The new law has made substantial changes to the Firearm Owner Identification (FOID) reporting requirements.

With the passing of this law, many healthcare providers must now report patients who are believed to be a clear and present danger to themselves or others. Basically, the new law has altered the reporting conditions for both who must report and what information needs to be reported.

Here is the breakdown of the new reporting requirements under the state of Illinois:

Healthcare Providers Who Must Report

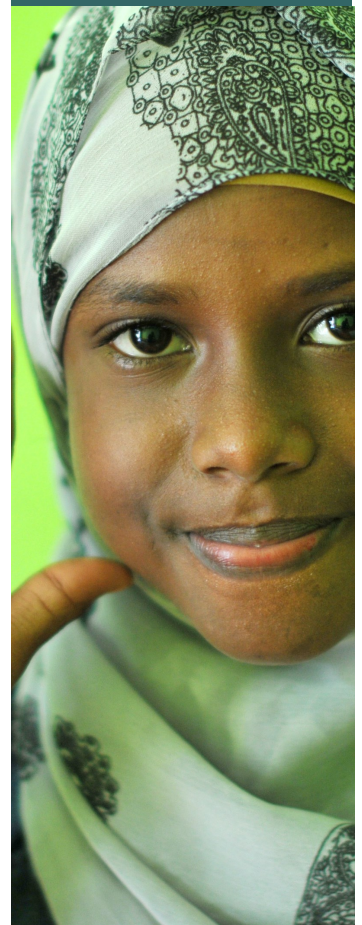
- ⇒ Facilities - hospitals, nursing homes, residential settings and outpatient facilities
- ⇒ Clinicians - physicians, psychiatrists, clinical psychologists, clinical social workers, registered nurses, licensed clinical professional counselors, and marriage and family therapists who meet qualified examiner requirements

Specific Reporting Requirements

- ⇒ Any person in Illinois who have been:
 - ⇒ adjudicated mentally disabled;
 - ⇒ admitted to a psychiatric unit within the last five years;
 - ⇒ determined to be a "clear and present danger," and/or
 - ⇒ determined to be developmentally or intellectually disabled.

If additional information is needed, please e-mail your questions or requests for information to DHS.FOID@illinois.gov.

"With the passing of this law, many healthcare providers must now report patients who are believed to be a clear and present danger to themselves or others."



UPCOMING WEBINARS

An Overview of ProviderConnect®

This webinar will provide a high level overview of the platform and a detailed look at direct and batch claim submission, authorizations and role-based security.

Date	Time	Registration Link
April 8, 2014	3 p.m. - 4 p.m. ET	https://www2.gotomeeting.com/register/888609634
May 13, 2014	3 p.m. - 4 p.m. ET	https://www2.gotomeeting.com/register/889671970

Giving Value Back to the Provider

This webinar will introduce and discuss new initiatives, and familiarize providers with administrative, procedural and general information about ValueOptions. Additionally, ValueOptions experts will address the topic of Fraud, Waste and Abuse.

Date	Time	Registration Link
June 5, 2014	2 p.m. - 4 p.m. ET	https://www2.gotomeeting.com/register/633645850
June 6, 2014	11 a.m. - 1 p.m. ET	https://www2.gotomeeting.com/register/655174434

Introduction to On Track Outcomes

This webinar will provide an overview of this program, designed to support network providers as they help clients stay "on track" in achieving their goals.

Date	Time	Registration Link
April 8, 2014	11 a.m. - 12 p.m. ET	https://www2.gotomeeting.com/register/378751722



"Introduction to On Track Outcomes - This webinar will provide an overview of this program, designed to support network providers as they help clients stay "on track" in achieving their goals."