

August  
2014

# VALUED PROVIDER eNEWSLETTER

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## CALIFORNIA ENGAGEMENT CENTER EDUCATES MEMBERS ON BULLYING AND CYBERBULLYING AS PART OF THEIR TEEN SUBSTANCE USE INITIATIVE

The ValueOptions® California Engagement Center Quality Management team is launching a behavioral health prevention initiative on teen substance use, Bullying/Cyberbullying, Eating Disorders, Staying Safe on Social Media, and Depression in Children and Adolescents. Pamphlets and other member materials will be sent to members to assist with prevention efforts. Specifically, members will receive six pamphlets, that will focus on each of these issues. All of the information contained in the pamphlets can be found on the Achieve Solutions® website. We encourage network providers to share the following article with members as they deem appropriate.

Cyberbullying is bullying that takes place using electronic technology, such as computers, cell phones and tablets on platforms such as social media sites, text messages, chat and websites.

Examples of Cyberbullying include cruel text messages or e-mails, rumors sent by e-mail or posted on social networking sites, embarrassing pictures, videos, websites or fake profiles.

Cyberbullying messages and images can be posted anonymously and distributed quickly to a very wide audience. It can be difficult and sometimes impossible to trace the source.

Deleting inappropriate or harassing messages, texts and pictures is extremely difficult after they have been posted or sent.

Because of technology, this type of bullying can occur 24 hours a day, 7 days a week, and reach kids even when they are alone.

Kids who are being cyberbullied are often bullied in person as well and have a harder time getting away from the behavior.

### Effects of Cyberbullying

Cell phones and computers are not to blame for cyberbullying. Social media sites can be used for positive activities, like connecting kids with friends and family, helping students with school, and for entertainment. But these tools can also be used to hurt other people. Whether done in person or through technology, the effects of bullying are similar.



## CYBERBULLYING, CONT'D.

### Kids who are cyberbullied are more likely to:

- Use alcohol and drugs
- Skip school
- Experience in-person bullying
- Be unwilling to attend school
- Receive poor grades
- Have lower self-esteem
- Have more health problems

### Prevent Cyberbullying

- Talk with your kids about Cyberbullying and other online issues regularly.
- Know the sites your kids visit and their online activities.
- Ask where they're going, what they're doing, and who they're doing it with.
- Tell your kids that as a responsible parent, you will review their online communications.
- Installing parental control filtering software or monitoring programs is one option for monitoring your child's online behavior, but do not rely solely on these tools.
- Monitor what they do online and in texts. Learn about the sites they like. Try out the devices they use.
- Know their passwords.
- "Friend" or "follow" your kids on social media sites or ask another trusted adult to do so.
- Encourage your kids to tell you immediately if they, or someone they know, is being cyberbullied.
- Explain that you will not take away their computers or cell phones if they confide in you about a problem they are having.

### Establish rules about technology use

Establish rules, for your kids, about appropriate use of computers, cell phones, and other technology. For example, be clear about what sites they can visit and what they are permitted to do when they're online. Show them how to be safe online.

Help them be smart about what they post or say. Tell them not to share anything that could hurt or embarrass themselves or others. Once something is posted, it is out of their control whether someone else will forward it.

Encourage kids to consider who they want to see the information and pictures they post online. Should they share information with complete strangers, friends of friends, or real friends only? Tell them to think about how people who aren't friends could use it.

Passwords and personal information such as their home address, telephone numbers, and the name of their schools should be kept safe and should never be shared online or in texts. Sharing passwords and personal information can compromise their control over their online identities and activities.

### Understand school rules

Most schools have policies on the use of technology that may affect the child's online behavior in and out of the classroom. Ask the school for a copy of its policy.

*"Most schools have policies on the use of technology that may affect the child's online behavior in and out of the classroom. Ask the school for a copy of their policy."*

## CYBERBULLYING CONT'D

### Report Cyberbullying

When Cyberbullying happens, it is important to document and report the behavior so it can be addressed.

#### Steps to take immediately

- Don't respond to and don't forward Cyberbullying messages.
- Keep evidence of Cyberbullying.
- Record the dates, times and descriptions of instances when Cyberbullying has occurred.
- Save and print screenshots, e-mails, and text messages.
- Use this evidence to report Cyberbullying to Web and cell phone service providers.
- Block the person who is Cyberbullying.

#### Report Cyberbullying to law enforcement

When Cyberbullying involves these activities it is considered a crime and should be reported to law enforcement:

- Threats of violence
- Child pornography or sending sexually explicit messages or photos
- Taking a photo or video of someone in a place where he or she would expect privacy
- Stalking and hate crimes

Some states consider other forms of Cyberbullying criminal. Consult your state's laws and law enforcement for additional guidance.

#### Report Cyberbullying to online service providers

- Cyberbullying often violates the terms of service established by social media sites and Internet service providers.
- Review their terms and conditions or rights and responsibilities sections. These describe content that is or is not appropriate.
- Visit social media safety centers to learn how to block users and change settings to control who can contact you.
- Report Cyberbullying to the social media site so they can take action against users abusing the terms of service.

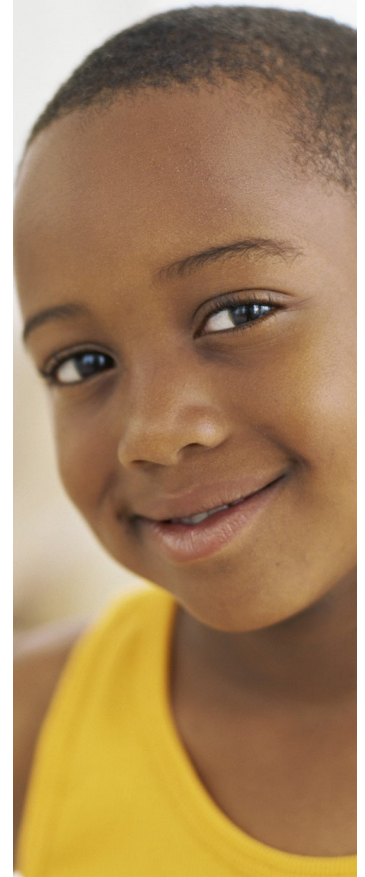
#### Report Cyberbullying to schools

Cyberbullying can create a disruptive environment at school and is often related to in-person bullying. The school can use the information to help develop prevention and response strategies.

In many states, schools are required to address Cyberbullying in their anti-bullying policy. Some state laws also cover off-campus behavior that creates a hostile school environment.

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*"Cyberbullying often violates the terms of service established by social media sites and internet service providers."*



## VALUEOPTIONS' E-COMMERCE INITIATIVE: COUNTDOWN TO 1/1/15 DEADLINE

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 recredentialing 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](#)

Upcoming ProviderConnect webinars are as follows:

- **Thursday, August 7, 2014**  
10:00 a.m. — 11:00 a.m. ET  
<https://www2.gotomeeting.com/register/282047714>
- **Thursday, August 28, 2014**  
1:00 p.m. — 2:00 p.m. ET  
<https://www2.gotomeeting.com/register/115496586>

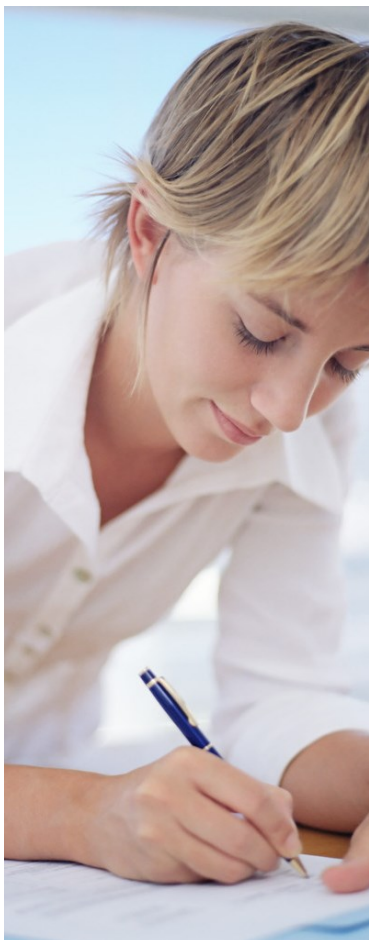
Technical Questions regarding using ProviderConnect can be directed to our EDI Help Desk at **(888) 247-9311** between 8 a.m. and 6 p.m. ET, Monday through Friday or by e-mail at [e-supportservices@valueoptions.com](mailto:e-supportservices@valueoptions.com).

Additionally, providers can learn more about this initiative by visiting <http://www.valueoptions.com/providers/E-Commerce.htm>.

*"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."*







# NETWORK PROVIDERS CAN NOW UPDATE THEIR DEMOGRAPHIC INFORMATION VIA PROVIDERCONNECT®

In December 2013, ValueOptions added a system enhancement to ProviderConnect, our secure provider portal, which allows providers to view their active service locations along with associated telephone and fax numbers, and billing locations. Instead of having to fill out a form and fax it to ValueOptions, providers can now make and submit changes to their demographic information within ProviderConnect.

To get started, log into ProviderConnect and click on the "Update Demographic Information" link on the ProviderConnect home page. Once you access the link, the following screen will appear:

**Provider Demographics**

Provider Last Name: JONES      Provider First Name: BARRY

Mailing Address: ?

ID:	123456
Address:	123 Main st STE C ABC, VA 12345 Country: US
Phone:	888 - 888 - 8888
Fax:	888 - 888 - 8888
ProviderConnect Email: ?	TESTEMAIL@VALUEOPTIONS.COM
Correspondence Email: ?	TESTEMAIL@GMAIL.COM

**Service Location Information** ?

The list below shows the current Service Locations for the Provider shown above. If you would like to view the Service Address' corresponding Billing Location, click the green "Show" tab to expand the selection.

Sort By: ID Name City State

Service Address ?	Corresponding Billing Address ?										
<p>1 ?</p> <table border="1"> <tr><td>ID:</td><td>A099987</td></tr> <tr><td>Name:</td><td>ADDICTIVE DI SEASE PSYCH MD</td></tr> <tr><td>Address:</td><td>123 Main Street STE C ABC, VA 12345 Country: US</td></tr> <tr><td>Phone:</td><td>(888) 888 - 8888</td></tr> <tr><td>Fax:</td><td>(777) 777 - 7777</td></tr> </table> <p> <span>Edit</span> <span>Remove</span> </p>	ID:	A099987	Name:	ADDICTIVE DI SEASE PSYCH MD	Address:	123 Main Street STE C ABC, VA 12345 Country: US	Phone:	(888) 888 - 8888	Fax:	(777) 777 - 7777	<p>SHOW</p> <p>BILLING LOCATION</p>
ID:	A099987										
Name:	ADDICTIVE DI SEASE PSYCH MD										
Address:	123 Main Street STE C ABC, VA 12345 Country: US										
Phone:	(888) 888 - 8888										
Fax:	(777) 777 - 7777										

Add New Service Address ?

*"To get started, log into ProviderConnect and click on the "Update Demographic Information" link on the ProviderConnect home page."*

Further instructions are summarized in Section 18 of the [ProviderConnect User Guide](#). If you have specific ProviderConnect questions or concerns, you can also call the EDI Help Desk at **(888) 247-9311** 8 a.m. to 6 p.m. ET, Monday - Friday.

## DSM-5 & ICD-10

### Background

In May 2013, the American Psychiatric Association (APA) released the new DSM-5. APA recommended all insurance companies have DSM-5 implemented by January 1, 2014.

### Summary of ValueOptions' Plan

#### **Phase I**

In January 2014, ValueOptions began Phase I of the DSM-5 transition. During Phase I, ValueOptions began to accept information for clinical purposes using the DSM-5 framework. At that time, the DSM-IV screen layout still existed in ProviderConnect; however both DSM-IV and DSM-5 clinical diagnoses were accepted. Basically, providers were no longer forced into the standard Axis 1-5 layout, but were able to enter any behavioral diagnosis in the ProviderConnect system under the old axis 1 header.

All in all, Phase I of the DSM-5 transition was established in response to provider feedback regarding variable states of readiness to comply with the DSM-5 changes. ValueOptions adopted a timeline to make the DSM-IV to DSM-5 transition as minimally disruptive as possible for our provider community. To further assist providers during Phase I, a guide for accommodating DSM-5 in ProviderConnect was made available on the ValueOptions website.

#### **Phase II**

On June 28, 2014, Phase II of the DSM-5 transition began. During Phase II, the ProviderConnect screen layout was modified to support the sunset of axis I-V framework. At that time, the new DSM-5 screen fields become available within ProviderConnect. Furthermore, a guide outlining the new ProviderConnect DSM-5 screen modifications was made available [online](#).

### DSM-5 & ICD-10 Codes Relationship

In May, providers expressed concern around the ICD-10 implementation date being pushed back and how that impacts DSM-5. The date change for ICD-10 did not directly impact the ValueOptions DSM-5 transition.

To fully understand the relationship between DSM-5 and ICD codes, it is important to know that DSM-5 is not a coding system used for billing. For billing and payment purposes, ValueOptions continues to use Revenue codes, CPT codes and HCPCs codes. DSM-5 is a set of diagnostic criteria providers use to select the appropriate ICD codes. DSM-5 was written so APA would not have to create their own coding, but instead crosswalk to ICD-9 or ICD-10 codes. Taking all of this into account, the changes APA made to DSM-5 has very little impact on providers since DSM-IV coding already mirrored the ICD-9 coding.

ValueOptions will be accepting the new diagnostic descriptions and gathering data as recommended by APA for clinical processes and accepting the appropriate ICD-9 codes for those diagnoses for the remainder of 2014 and onward. At the time that CMS moves the industry to ICD-10, ValueOptions will update our coding on the clinical workflows to reflect ICD-10 coding. To further clarify, the changes summarized above will not impact claims payment.



*"The date change for ICD-10 did not directly impact the ValueOptions DSM-5 transition."*

## LATHAM ENGAGEMENT CENTER QUALITY UPDATES

The ValueOptions Latham Engagement Center is committed to maintaining excellence in care and service in behavioral health treatment. Refer to this area's Quality Updates to learn more about:

- Quality improvement activities
- Behavioral health screening programs
- Clinical practice guidelines
- Member rights and responsibilities
- Utilization management criteria

To view the Latham Engagement Center's 2014 Quality Updates newsletter, visit [www.valueoptions.com](http://www.valueoptions.com), click on *Providers, Network-Specific Websites*, then click either *Empire Plan* or *MVP Health Care*. Click *Latham Engagement Center 2014 Quality Updates*.

## NORTH CAROLINA ENGAGEMENT CENTER - ALCOHOL PREVENTION DURING PREGNANCY

Health Plans operated out of the North Carolina Engagement Center and ValueOptions are collaborating on an initiative to increase screening of pregnant women for alcohol use during pregnancy. The incidence of alcohol use among pregnant women is unchanged since 1991 based on research published by the US Centers for Disease Control and Prevention (CDC) when comparing rates between 1991 and 2005. The National Institute on Drug Abuse in 1996 released data showing an incidence rate in 1992 of 18 percent for alcohol use while pregnant.

A brochure from the CDC entitled: *Think Before You Drink* will be enclosed in mailings to pregnant women and mailed out to Obstetrics and Gynecology offices along with other prenatal materials. The pamphlet provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking. The pamphlet is available in English and Spanish.

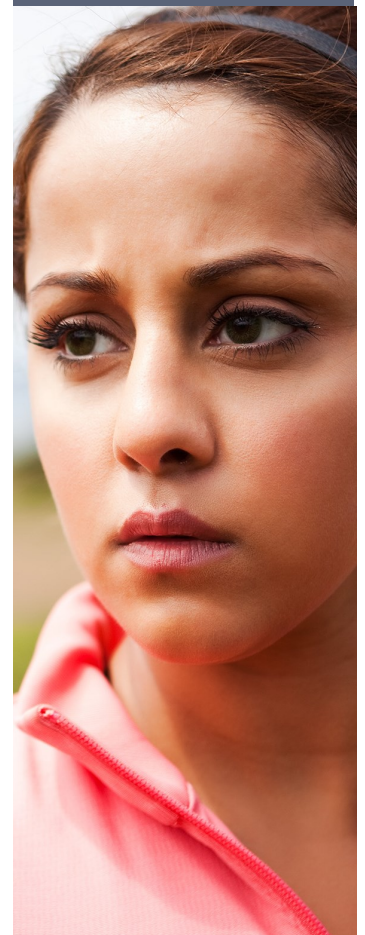
ValueOptions recommends that practitioners consider using the T-ACE (T=tolerance, A= annoyed, C= cut down, E=eye opener) screening tool developed by R. J. Sokol, MD. This four item questionnaire is based on the CAGE, but was developed specifically for prenatal use. It takes about one minute to complete and provides validated screening for risk-drinking.

In addition, for high risk women, a urine test for ethyl glucuronide (EtG) is now widely available. This test, if positive, indicates exposure to alcohol up to five days prior to the test. Verify interpretation of results with your laboratory.

Early screening can contribute to "better risk identification, secondary prevention efforts, and improved pregnancy outcomes for offspring at risk from heavy prenatal alcohol exposure". (Sokol RJ, Martier SS, Ager JW: *American Journal of Obstetrics/ Gynecology* 1989 Apr, 160(4): 863-8). Research by Grace Chang, MD concludes that consistent screening followed, when indicated, by brief interventions with women and their partners can result in reduced drinking levels even with high levels of use. (2005)

A copy of the T-ACE may be downloaded from the ValueOptions [website](#). If you do not have Internet access, call ValueOptions at **(866) 719-6032** for a copy.

*"The ValueOptions Latham Engagement Center is committed to maintaining excellence in care and service in behavioral health treatment."*





## PROMOTING EARLY DETECTION OF SUBSTANCE USE DISORDERS IN YOUTH

Substance use disorders are a major problem in adolescents and a leading cause of mortality and injury. Although still a major health issue, adolescent substance use of all drugs and alcohol, except for prescription opiates has decreased over the past five years. The use of prescription opiates continues to rise. Surprisingly, recent data has shown a strong association in adolescents using alcohol or cigarettes. Data from the National Survey of Drug Use and Health (NSDUH 2012) indicate approximately 10 percent have used illicit drugs in the past month. Adolescents who did not use alcohol or cigarettes used illicit drugs at a four percent rate, but 61 percent of those who used both alcohol and cigarettes, also used illicit drugs. The major clinical challenge is engaging youth who need treatment and to identify those who are at risk of developing chronic substance use disorders in adulthood. SAMHSA, through *The National Survey on Drug Use and Health* in 2006, reported that approximately five percent of youth between the ages of 12-to-17 need substance use treatment.

Adolescence is marked by neurological development in areas of motivation and impulsivity which contributes greatly to substance use. Causes of use are multifactorial and complex. Thankfully for most adolescents problematic use extinguishes in the early 20s. Programs teaching life skills and strategies to resist drug use can be helpful, and early intervention is the major prevention strategy.

As a first step, it is vital to assess for problematic use in the teen population. The CRAFFT questionnaire has high reliability in 14-to-18 year olds and can be easily administered. Copies may be downloaded from the ValueOptions [website](#).

Please call ValueOptions toll-free at **(866) 719-6032** for a copy if you do not have Internet access.

This version of the CRAFFT was developed by the Center for Adolescent Substance Abuse Research (CeASAR) at Children's Hospital is used with permission from CeASAR and the Massachusetts Partnership. It is designed for self-administration by the adolescent while in the waiting room. A score of two or more "yes" answers suggests a significant problem, abuse, or dependence, but is not sufficient to make a diagnosis. A clinical evaluation is indicated.

ValueOptions has a toll-free PCP Consultation Line for Pediatricians and Family Practice, which is **(877) 241-5575**. This line is staffed by board certified psychiatrists from 9 a.m. to 5 p.m. ET. who provide consultation regarding substance use assessment and treatment.

*"Adolescents who did not use alcohol or cigarettes used illicit drugs at a four percent rate, but 61 percent of those who used both alcohol and cigarettes also used illicit drugs."*





## WHAT IS E-PRESCRIBING?

E-prescribing has been described as the solution to improved patient safety and reducing sky-rocketing medication costs. It is estimated that approximately 7,000 deaths occur each year in the United States due to medication errors. These errors are predominately due to handwriting illegibility, wrong dosing, missed drug-drug or drug-allergy reactions. With approximately 3 billion prescriptions written annually, which constitutes one of the largest paper-based processes in the United States, the writing of prescriptions can be streamlined and efficient by using an e-prescribing system.

E-prescribing gives you as the prescriber the ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care through participating pharmacies.

### What are key benefits to using E-prescribing?

The key benefit to physicians and patients alike is improved safety. In addition, physicians will save their organization time and money in prescribing documentation, transmission, filing, billing and numerous telephone conversations. System benefits include:

- Improves patient safety with automatic drug interaction checking, dosage checks, adverse reaction checks, and duplicate therapy checks
- Provides access to patient medication history where and when you need it, most even from home
- Reduces pharmacy phone calls
- Simplifies the prescription renewal process
- Provides formulary status on medications

### How do you get started with E-prescribing?

Through your desktop PC, laptop, tablet PC or Smart Phone, choose an e-prescribing software vendor and register. Among the industry leaders are [AllScripts](#), [SureScripts](#) and [Covermymeds](#).



*“Through your desktop PC’s, laptops, tablet PC’s or Smart Phone choose an e-prescribing software vendor and register.”*

## SELF-MANAGEMENT TOOLS

ValueOptions' mission is to help people live their lives to the fullest potential. When members can self-identify risk factors or health issues early on, they have an opportunity to take actions and stay healthy. Wellness includes both physical and behavioral areas such as exercise, proper nutrition, stress levels and substance use that impacts overall mood and health. Offering "Self-Management Tools" is a convenient way that members can monitor, track and take charge of their own behavioral and/or physical health condition.

Achieve Solutions is the award winning website that provides links to many self-management tools. The tools that are available are chosen because they are interactive, evidenced-based and supported by national recognized entities such the CDC, American Psychological Association, National Alliance on Mental Illness and other widely accepted sources of professional standards.

We are planning usability testing and the development of future communications with members to encourage the use of self-management tools as part of their ongoing journey to wellness and recovery.

Below are links to the following health and wellness related topics. We encourage you to click on the links and provide feedback to us on their usefulness for members, ease of understanding and user friendliness for individuals with visual and/or hearing impairments.

- [Healthy weight \(BMI\) maintenance](#)
- [Smoking and tobacco use cessation](#)
- [Encouraging physical activity](#)
- [Healthy eating](#)
- [Managing stress](#)
- [Avoiding at-risk drinking](#)
- [Identifying psychiatric symptoms through self-assessment](#)
- [Recovery and resiliency](#)
- [Treatment monitoring](#)

We appreciate your time and look forward to your feedback regarding these links to self-management tools and/or other recommendations. Please consider providing feedback through the following survey link - <https://www.surveymonkey.com/s/6F7FLNW>.

*"Offering "Self-Management Tools" is a convenient way that members can monitor, track and take charge of their own behavioral and/or physical health condition."*



## VALUEOPTIONS & KAISER PERMANENTE OF NORTHERN CALIFORNIA

Effective June 23, 2014, ValueOptions entered into an agreement with Kaiser Permanente to provide an alternative resource for outpatient mental health services for Kaiser Permanente members in the Northern California region. This agreement is intended to give Kaiser Permanente the capacity to provide temporary additional access for members in selected locations and who are referred to ValueOptions after triage by Kaiser Permanente of Northern California.

### **Referral and Authorization Process**

ValueOptions' in-network providers will receive direct telephonic outreach from ValueOptions to refer the Kaiser Permanente Northern California member. Additional requests for authorization should be submitted through ValueOptions provider portal, ProviderConnect.

### **Claims**

Participating providers should submit claims electronically through ProviderConnect either through direct claims submission or batch claim submission. CMS 1500 and UB04 (837P and 837I) electronic submissions are accepted according to guidelines contained in the ValueOptions EDI materials found on [www.valueoptions.com](http://www.valueoptions.com). If interested in electronic claim submission, please contact our EDI Help Desk at **(888) 247-9311** between 8 a.m. and 6 p.m. Eastern Time, Monday through Friday. We strongly encourage providers to submit claims electronically to achieve the greatest efficiency in claims processing.

Effective January 1, 2015, providers in the ValueOptions network will be expected to electronically conduct all routine transactions, including submission of claims and authorizations. Providers not already registered with ProviderConnect are encouraged to register in preparation for the upcoming E-commerce requirement. By accessing the links below, you will be able to register and become more familiar with ProviderConnect.

- [Register](#)
- [Try the Demo](#)
- [Getting Started with ProviderConnect Guide](#)

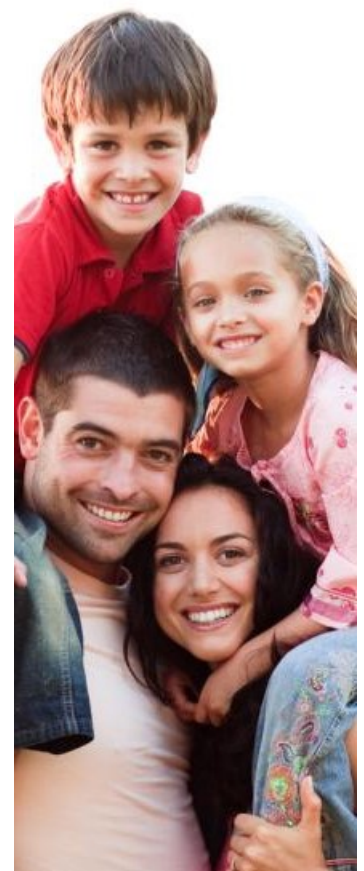
If providers are unable to electronically submit claims, paper claims for services rendered by participating providers with dates of service on or after June 23, 2014 can be mailed to ValueOptions at:

**ValueOptions**  
**P.O Box 930321**  
**Wixom, MI 48393-0321**

### **Questions**

Additional questions regarding Kaiser Permanente Northern California authorizations on or after June 23, 2014, should be directed to ValueOptions at (855) 267-1511. Additional questions regarding Kaiser Permanente Northern California claims on or after June 23, 2014, should be directed to ValueOptions at **(855) 847-8347**.

*"This agreement is intended to give Kaiser Permanente the capacity to provide temporary additional access for members in selected locations and who are referred to ValueOptions after triage by Kaiser Permanente of Northern California."*



## UPCOMING WEBINARS

### Giving Value Back to the Provider

We welcome our provider community to this interactive forum where ValueOptions will introduce and discuss the new exciting initiatives for providers. This webinar presentation will familiarize you with administrative, procedural and general information about ValueOptions. The presentation will also inform providers about electronic means of doing business with us.

Date	Time	Registration Link
Thursday, September 11, 2014	2-4 pm ET	<a href="https://www2.gotomeeting.com/">https://www2.gotomeeting.com/</a>
Friday, September 12, 2014	11 a.m. – 1 p.m. ET	<a href="https://www2.gotomeeting.com/register/237068874">https://www2.gotomeeting.com/register/237068874</a>

### 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
Thursday, August 7, 2014	10-11a.m. ET	<a href="https://www2.gotomeeting.com/register/282047714">https://www2.gotomeeting.com/register/282047714</a>

### Claim Submission Best Practices with ProviderConnect

This webinar will provide a detailed overview of claim submission best practices when using ProviderConnect, with an open forum for providers to ask any ProviderConnect questions.

Date	Time	Registration Link
Thursday, August 28, 2014	1-2 p.m. ET	<a href="https://www2.gotomeeting.com/register/115496586">https://www2.gotomeeting.com/register/115496586</a>

### 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
Thursday, August 14, 2014	1 - 2 p.m. ET	<a href="https://www2.gotomeeting.com/register/421000730">https://www2.gotomeeting.com/register/421000730</a>

