

JANUARY  
2014

# VALUED PROVIDER eNEWSLETTER

## SPOTLIGHT:

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## A FRESH OUTLOOK FOR A NEW YEAR

The new year is a time for reflection on our accomplishments—both personally and professionally—in the one just gone by. It is also a time to set new goals. Unfortunately the goals set in January often become February's broken promises. To avoid getting stuck in a pattern of setting resolutions that are doomed to fail year after year, try a new approach this year.

Since the new year signifies a period of renewal, begin with a fresh outlook. We frequently are critical of ourselves as we set New Year's resolutions. By doing so, we start off on the wrong foot by sending a negative message to ourselves. Is it any wonder that we then fail to live up to our own harsh, and often unrealistic, expectations?

Start off by taking time to reflect on your accomplishments from the past year. Even the smallest of successes count. If it was a difficult year, give yourself credit for surviving it. Do *count your blessings*. There always is someone less fortunate than yourself.

### Set goals for yourself

Then, why not focus upon one primary goal? Make a commitment to yourself to *enjoy your life more*. That's right. Rather than begrudgingly telling yourself once again that, "this is the year I will go on another diet and lose those 20 pounds," perhaps a more positive approach is to set a goal of *changing your attitude* about your life. This way, you will make lifestyle changes that will ultimately help you lose weight and keep it off for life!

Certainly it is important to set goals in specific terms and have a step-by-step plan by which to accomplish those goals. Yet researchers also have found that one of the most important characteristics common to successful people is their ability to create a *positive mental picture of themselves accomplishing their goals!* In other words, we can get bogged down in the details and lose sight of the big picture. So if your goal is weight loss, you should first *consciously* develop a mental picture of how you will *look, feel and behave* once you've reached your ideal weight. That image will then be what you strive for rather than solely focusing on the bathroom scale notches.

It's common for human beings to stubbornly try the same approaches time and time again to reach a goal. That's commendable. However, new approaches are often what ultimately makes the difference. While there are no guarantees you will be successful, consider trying a new angle on New Year's resolutions. Don't waste time waiting for inspiration. Begin, and the inspiration will follow!

## A FRESH OUTLOOK FOR A NEW YEAR, CONT'D.

Here are a few suggestions to help you enjoy the gift of life more. And remember, once you've attained better mental health, anything's possible!

- Take up a new hobby.
- Experience more sunrises and sunsets.
- Turn off the TV.
- Write more letters (preferably by hand rather than e-mail).
- Volunteer (we do receive by giving to others).
- Eat by candlelight as often as possible.
- Let children teach you how to really play and laugh again.
- Make something with your own hands.
- Go on more picnics.
- Give yourself a compliment every day.
- Slow down and, oh yes, smell the roses.

By Karen Szmyd Dickason, LCSW, CEAP  
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## CONFIDENTIALITY

ValueOptions has written policies regarding protected health information (PHI). These policies address the assessment of potential risk and vulnerabilities pertaining to:

- Confidentiality, integrity and availability of information systems (electronic and paper)
- Prevention of confidentiality and security breaches and detection, and
- Containment and correction of confidentiality and security violations.

These policies also address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI and the accounting process for disclosures, as well as internal/external protection of oral, written and electronic information across the organization.

View more information about Confidentiality, Privacy, and Security of Identifiable Health Information in our [Provider Handbook](#) and our [ValueOptions Privacy Statement](#).



***“These policies also address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI and the accounting process for disclosures, as well as internal/external protection of oral, written and electronic information across the organization.*”**

## CLINICAL PRACTICE GUIDELINES

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

ValueOptions adopted our [clinical practice guidelines](#) from the American Psychiatric Association (APA) for:

- Bipolar disorder
- Eating disorders
- Major depression
- Panic disorder
- Schizophrenia
- Acute Stress and post-traumatic stress disorder
- Substance abuse disorders
- Assessment and treatment of suicidal behaviors

ValueOptions has adopted our Attention Deficit Hyperactivity Disorder guidelines and Generalized Anxiety Disorder-Adolescent from the American Academy of Child and Adolescent Psychiatry. We've also adopted our Generalized Anxiety Disorder Adult guidelines from the Canadian Psychiatric Association. Lastly, our Co-Occurring Related Disorder, Suboxone Treatment and Opioid-Related Disorders guidelines were adopted from the Substance Abuse and Mental Health Services Administration (SAMHSA).

## MEMBER RIGHTS & RESPONSIBILITIES

**ValueOptions is committed to respecting our members' rights and responsibilities. Members have a right to:**

- Receive information about the organization, services, practitioners and providers, and the members' 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 the care it provides.
- Make recommendations regarding the organization's members' rights and responsibilities policies.

**Members 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.

[View more information about ValueOptions' member rights and responsibilities.](#)

*"ValueOptions clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature."*



## LEARN ABOUT VALUEOPTIONS' UTILIZATION AND CASE MANAGEMENT PROGRAMS

ValueOptions' Utilization Management Program strives to enhance the wellbeing 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 the relevant design of appropriate programs and services, we seek to learn from, and work with, individuals in those communities. In managing behavioral health benefits for millions of people, we are acutely aware of our responsibility to afford each individual every opportunity to achieve optimal health outcomes.

There are Case Management/Intensive Case Management (CM/ICM) and Coordination Programs throughout the company that are designed to serve members with the most complex care needs. These members are typically assessed to be at the highest risk within the health population for negative clinical outcomes related to mental health/substance use issues and co-morbid medical issues. The primary goals of CM/ICM program are to help individuals maintain community tenure, regain optimal health, improve life functioning capability and promote resiliency and recovery. Providers can make referrals to these programs by calling the provider service line below or by discussing the need for case management during the utilization review process.

ValueOptions is proud of its focus on quality care and best practices. The primary responsibility of the utilization and case management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well-being of members. We are very 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.

### Criteria:

ValueOptions has developed behavioral health clinical criteria for mental health and substance abuse services that are based on nationally established clinical practice guidelines including the APA, the American Academy of Pediatrics and the American Society of Addiction Medicine. Decisions based on these criteria are assessed, and if necessary, revised annually by the ValueOptions' National Executive Medical Management Committee.

This criteria is available for review in the [Provider Handbook](#). If you are in need of a provider handbook, or would prefer the handbook on a Compact Disc, please call the ValueOptions Provider Services Line at 800.397.1630, 8:00 AM - 8:00 PM EST, Monday-Friday.

### Financial Incentives:

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



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## NCQA AWARDS FULL ACCREDITATION TO VALUEOPTIONS LATHAM SERVICE CENTER

ValueOptions is pleased to announce that its Latham Service Center received Full Accreditation from the National Committee for Quality Assurance (NCQA). The accreditation runs through Oct. 25, 2015.

NCQA is an independent, not-for-profit organization that accredits and certifies a wide range of managed behavioral healthcare organizations (MBHOs). NCQA MBHO Accreditation is a nationally recognized evaluation that purchasers, regulators and consumers can use to assess managed behavioral health care organizations. NCQA MBHO Accreditation evaluates how well a health plan manages all parts of its delivery system – physicians, hospitals, other providers and administrative services – in order to continuously improve health care for its members.

NCQA MBHO Accreditation is a voluntary review process. NCQA reviews include thorough onsite and offsite evaluations conducted by a team of physicians and managed care experts. A national oversight committee of physicians and behavioral health providers analyzes the team's findings and assigns an accreditation level based on the MBHO's performance compared to NCQA standards.

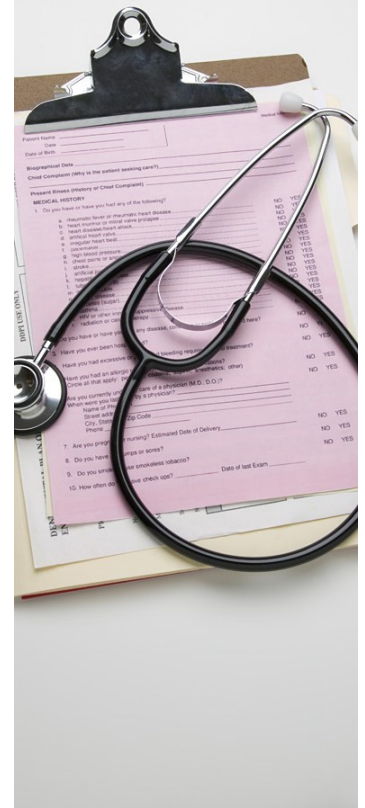
Full Accreditation is granted to those plans that have excellent programs for continuous quality improvement and meet NCQA's rigorous standards. NCQA MBHO Accreditation standards are developed with input from employers, health plans, state and federal regulators, MBHOs and other experts and are demanding. Standards are set high to encourage MBHOs to continuously enhance their quality.

NCQA MBHO Accreditation standards are intended to help organizations achieve the highest level of performance possible, reduce patient risk for untoward outcomes and create an environment of continuous improvement. There are approximately 60 standards for quality included in the following categories:

- Quality management and improvement
- Utilization management
- Credentialing and re-credentialing
- Members' rights and responsibilities
- Preventive behavioral health care services

"The NCQA Accreditation confirms our dedication to providing first-class, accessible care to the people we serve from our Latham Service Center," said Deborah Hirschfelder, ValueOptions Senior Vice President, National Quality Services. "We make it our mission to provide innovative solutions for our members. By accepting nothing but the highest standards of quality for ourselves, we can continue to realize that mission every day."

***"The NCQA Accreditation confirms our dedication to providing first-class, accessible care to the people we serve from our Latham Service Center."***



## VALUEOPTIONS JACKSONVILLE SERVICE CENTER RECEIVES URAC ACCREDITATION IN HEALTH UTILIZATION MANAGEMENT, CASE MANAGEMENT AND HEALTH NETWORK

The Jacksonville Service Center was recently awarded full accreditation in Health Utilization Management, Case Management and Health Network from URAC, a Washington, D.C.-based health care accrediting organization that establishes quality standards for the health care industry.

"We are proud to achieve three full accreditations from URAC," said Roxane Kissinger, Jacksonville Service Center Vice President. "The ValueOptions Jacksonville Service Center works hard to honor our dedication to high-quality programs and receiving this accreditation is a statement to the service we deliver to our military customers. As the behavioral health subcontractor to Humana Military, ValueOptions is honored to provide exemplary support to the 3.1 million members in the TRICARE South Region."

"By applying for and receiving Health Utilization Management, Case Management and Health Network Accreditation, ValueOptions has demonstrated a commitment to quality health care," said William Vandervennet, URAC Chief Operating Officer. "Quality health care is crucial to our nation's welfare and it is important to have organizations that are willing to measure themselves against national standards."

URAC's Health Utilization Management (HUM) standards ensure that all types of organizations conducting utilization review follow a process that is clinically sound and respect patients' and providers' rights while giving payers reasonable guidelines to follow; Health Network (HN) Accreditation standards include key quality benchmarks for network management, provider credentialing, utilization management, quality management and improvement and consumer protection; and Case Management (CM) Accreditation provides an essential set of standards and performance measures that address the increasing demand for excellence in coordinating care for improved consumer engagement, achieving optimal health care outcomes and managing care transitions.

*"The ValueOptions Jacksonville Service Center works hard to honor our dedication to high-quality programs and receiving this accreditation is a statement to the service we deliver to our military customers."*



## VALUEOPTIONS WELCOMES WALGREENS, FRONTIER COMMUNICATIONS AND EXELIS AS NEWEST INDUCTEES TO MILITARY SPOUSE EMPLOYMENT PARTNERSHIP

ValueOptions congratulates its clients Walgreens, Frontier Communications and Exelis in standing with the more than 200 companies who have pledged to increase employment opportunities for military spouses with the Military Spouse Employment Partnership (MSEP). With more than 30 years experience serving military members and their families, ValueOptions was inducted as an MSEP partner in 2012.

Spearheaded by Dr. Jill Biden and the Department of Defense and launched in 2011, MSEP is an initiative to connect military spouses with jobs in an increasingly competitive market. In addition to providing support and resources to military spouses during the application process, MSEP partners with companies nationwide to develop corporate commitment in employing and maintaining military spouse employees.

More than 30 new companies confirmed this commitment at the MSEP Partner Induction Ceremony, which was held in November in Arlington, Va. Inductees signed the MSEP Statement of Support, a pledge to implement hiring initiatives for military spouses and to provide them with promotion opportunities and pay equity once hired.

"It's long been said that the most demanding job in the military is that of a spouse," said ValueOptions' National Talent Acquisition Manager Julie Eldridge, who served as a company representative at the induction ceremony. "In addition to being highly adaptive in their role as partners, military spouses come equipped with a high level of motivation, resourcefulness and technical skills that make them ideal candidates for a corporate environment."

Dr. Stephen K. Scroggs, ValueOptions Vice President, Federal Government Affairs and Development, who officially accepted partnership status for ValueOptions at last year's induction ceremony, extended further congratulations to the newest inductees. "We are so pleased to welcome Walgreens, Frontier Communications and Exelis as part of the growing commitment to hiring military spouses," said Dr. Scroggs, a retired infantry officer. "Becoming an MSEP partner is just another notch in each of these businesses' proven records of forward-thinking leadership. Not only are these three companies providing employment solutions for our military families—they're adding quality employees to an already vibrant, innovative workforce. It's a win-win for everyone."

*"In addition to being highly adaptive in their role as partners, military spouses come equipped with a high level of motivation, resourcefulness and technical skills that make them ideal candidates for a corporate environment."*



## HORIZON HEALTHCARE SERVICES, INC. SELECTS VALUEOPTIONS AS ITS BEHAVIORAL HEALTH BENEFIT ADMINISTRATOR

We are pleased to announce that ValueOptions has been selected to manage the behavioral health benefits for members covered by Horizon Healthcare Services, Inc. (Horizon), New Jersey's largest health insurer, and its Medicaid company, Horizon NJ Health.

Effective January 1, 2014, ValueOptions will begin administering benefits for Horizon NJ Health members in the State's Division of Developmental Disabilities (DDD) and the Employee Assistance Program for Horizon's employees.

On July 1, 2014, the administration of all behavioral health benefits and services for all Horizon's members will be handled by ValueOptions. Among the services transitioned to Value Options will be credentialing and recredentialing of providers and network administration.

ValueOptions intends to actively recruit providers to join Horizon's networks for behavioral health services in the upcoming weeks and months. Providers interested in participating with Horizon should contact our Provider Services line at 800.397.1630. Additionally, providers specifically interested in joining the Medicaid DDD network are encouraged to register for our upcoming Orientation webinars in January.

Horizon has revamped its Behavioral Health program to integrate all services, including credentialing and recredentialing, provider network administration, claims processing and utilization management in the Horizon PPO and Horizon Managed Care networks. By contracting with ValueOptions to administer its program, Horizon Behavioral Health will better serve its members, providers and customers with a behavioral health strategy that supports medical integration.

As the selected benefit administrator for Horizon, ValueOptions looks forward to helping providers in these networks more efficiently meet their needs and the behavioral health needs of their patients. Horizon and ValueOptions are committed to working together to provide the support our customers' need during this transition, and to ensure the success of new and improve Horizon Behavioral Health program.

*"We are pleased to announce that ValueOptions has been selected to manage the behavioral health benefits for members covered by Horizon Healthcare Services, Inc. (Horizon), New Jersey's largest health insurer, and its Medicaid company, Horizon NJ Health."*





## VALUEOPTIONS TO ADMINISTER THE EMPIRE PLAN MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

Effective January 1, 2014, the Empire Plan Mental Health and Substance Abuse Program will be administered by ValueOptions.

As a ValueOptions in-network provider, you are eligible to receive referrals and provide services for this population. Providers should confirm network participation prior to seeing an Empire Plan member. If you are concerned about your participation status, contact the Provider Services line at 800.235.3149.

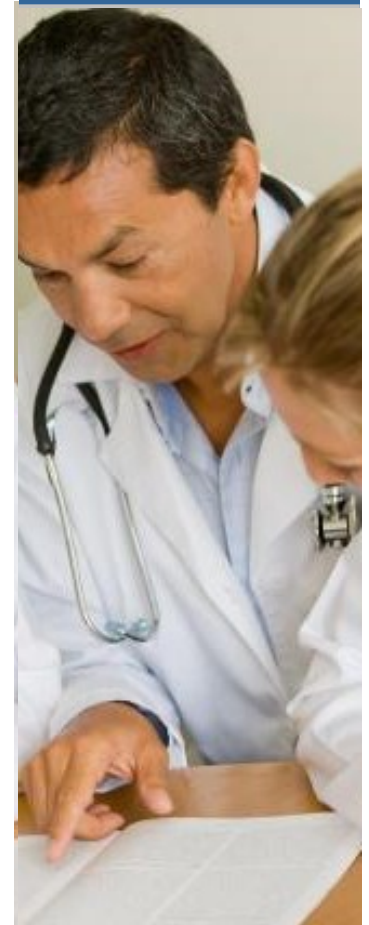
Providers with Empire Plan members in active treatment should continue to submit authorization requests to the current carrier through December 31, 2013. After January 1, 2014, providers will be required to submit continued authorization requests to ValueOptions. Additional information is available in the Empire Plan Provider Frequently Asked Questions Document (FAQ).

We recognize that it is only through exceptional professionals like you that we can make high quality behavioral health care more accessible to our members. In order to keep providers informed, ValueOptions has included resources on [www.valueoptions.com](http://www.valueoptions.com).

1. Provider website, specific to the Empire Plan  
<http://valueoptions.com/providers/Network/Empire.htm>
2. [Empire Plan Provider FAQ](#)
3. [January Educational Webinar Invite](#)
4. [ProviderConnect®](#), our secure, HIPAA-compliant website that enables participating ValueOptions network providers to conduct online claims and authorization transactions accurately and efficiently.
  - Providers already registered with ProviderConnect can use their existing logon
  - Providers not already registered with ProviderConnect are encouraged to register. Getting Started tools are available for new users, as follows:
    1. [Register](#)
    2. [Try the Demo](#)
    3. [Getting Started with ProviderConnect Guide](#)

If you have any questions or need assistance, please feel free to call the Provider Services Line at 800.235.3149. The Provider Services Line is available between 8 a.m. and 8 p.m. ET, Monday through Friday.

*“Effective January 1, 2014, the Empire Plan Mental Health and Substance Abuse Program will be administered by ValueOptions.”*





## VALUEOPTIONS' ACHIEVE SOLUTIONS AND STAMP OUT STIGMA ARE AWARD-WINNING

We are thrilled to inform our providers that ValueOptions' own **Achieve Solutions website recently** won a Silver Award for Best Overall Internet Site in the 14th annual eHealthCare Leadership awards. Achieve Solutions is a continuously updated and trusted behavioral health and wellness website that providers can share with patients and features more than 6,000 articles on over 200 topics.

Additionally, after receiving three W<sup>9</sup> awards in October, our **Stamp Out Stigma campaign** won eHealthcare's Platinum Leadership Award for Best Marketing Campaign, which is an impressive honor since this initiative is still in its first year.

This leading awards program received more than 1,100 entries from a wide range of healthcare organizations. The contest exclusively recognizes the very best websites and digital communications of healthcare organizations (both large and small), online health companies, pharmaceutical/medical equipment firms, suppliers, and business improvement initiatives. A complete list of winners (many of whom we trounced!) can be found here:

<http://unix.strategichealthcare.com/awards/winners.php>.

## 1099 QUESTIONS

### It is tax season!

ValueOptions® will be mailing 1099's no later than January 31, 2014. 1099s are only issued for providers who were issued total payments of \$600 or greater in 2013.

In order to answer questions regarding your 1099, ValueOptions has set up a specific 1099 Hotline. Please call **703.390.4936**. This is a voicemail box that is monitored by our Finance Department. All calls will be returned within three business days.

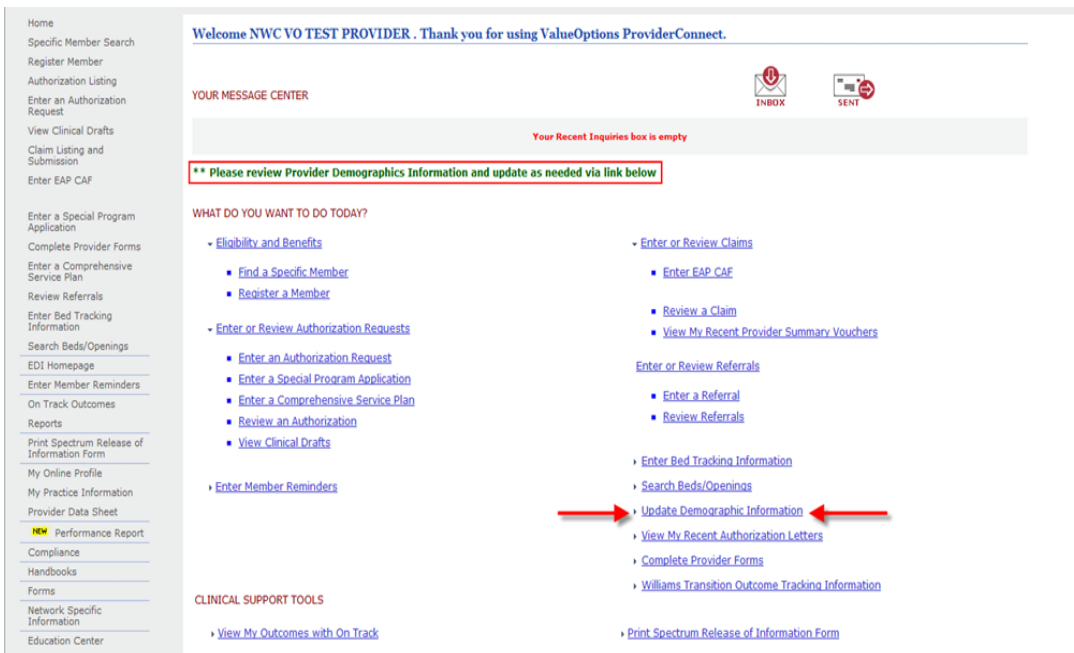
*"ValueOptions® will be mailing 1099's no later than January 31, 2014. 1099s are only issued for providers who were issued total payments of \$600 or greater in 2013."*

## VALUEOPTIONS CONTINUES TO ENHANCE PROVIDERCONNECT CAPABILITIES

ValueOptions is pleased to announce additional ProviderConnect functionalities. The December 2013 ProviderConnect enhancement release included two (2) ProviderConnect improvements which will streamline provider processes for administrative and clinical procedures.

Enhancements include:

- Provider File Demographic Verifications via ProviderConnect



- Initial and Concurrent Review Screens – Added Question

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
 Note: Disable pop-up blocker functionality to view all appropriate links.

\*Requested Start Date (MMDDYYYY)  \*Level of Service

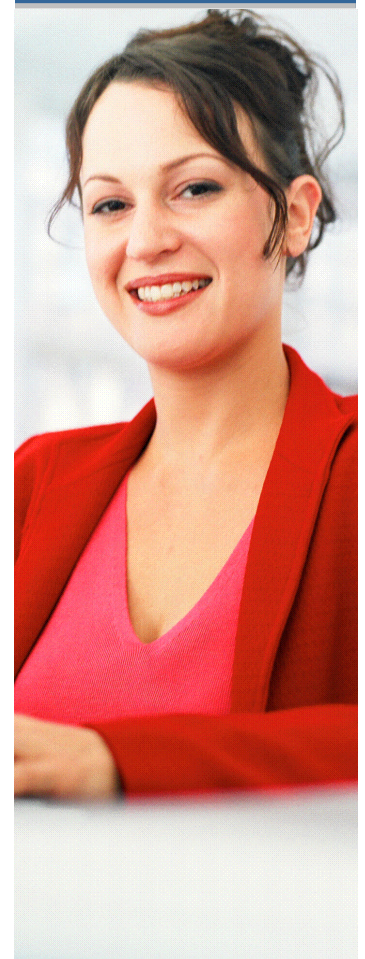
• Has the member already been admitted to the facility is required.

\*Type of Service  \*Level of Care  \*Type of Care  \*Admit Date (MMDDYYYY)

\*Has the member already been admitted to the facility?  
 Yes  No Admit Time (HHmm)

Further details regarding the above named enhancements are summarized in 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.

*“The December 2013 ProviderConnect enhancement release included two (2) ProviderConnect improvements which will streamline provider processes for administrative and clinical procedures.”*



## UPCOMING WEBINARS

### Empire Plan Provider Orientation

- [Monday, January 6, 2014 2:00 PM—3:00 PM EST](#)
- [Wednesday, January 8, 2014 1:00 PM—2:00 PM EST](#)
- [Thursday, January 9, 2014 10:00AM— 11:00 AM EST](#)
- [Monday, January 13, 2014 10:00 AM—11:00 AM EST](#)

### Michelin Provider Orientation

- [Tuesday, January 7, 2014 3:00 PM—4:00 PM EST](#)

### Horizon NJ Health Provider Orientation

- [Thursday, January 9, 2014 1:00 PM -2:00 PM EST](#)
- [Wednesday, January 15, 2014 1:00 PM—2:00 PM EST](#)

### Evergreen Health Co-op Provider Orientation

- [Tuesday, January 14, 2014 10:00 AM —11:00 AM EST](#)

### Oscar Health Insurance Provider Orientation

- [Thursday, January 16, 2014 1:00 PM—2:00 PM EST](#)

### An Overview of ProviderConnect

- [Tuesday, January 14, 2014 3:00 PM—4:00 PM EST](#)

### An Introduction to On Track Outcomes

- [Thursday, January 23, 2014 2:00 PM—3:00 PM EST](#)

