

July  
2014

# VALUED PROVIDER eNEWSLETTER

## SPOTLIGHT:

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## ADHD IN ADULTS

ADHD is one of the most commonly recognized mental disorders among children. Despite this fact, sometimes ADHD is not detected until adolescence or even adulthood. This does not mean the person didn't have the disorder as a child. It means he grew up without having the symptoms properly diagnosed as ADHD.

Some children seem to "outgrow" ADHD as they get older. For most, though, it will continue into adulthood. Adults with ADHD will face new challenges both at home and in the workplace. Trying to balance the pressures of work with raising a family can be stressful. Staying on medication and other forms of treatment will help adults cope with these issues.

### Medication treatment

Stimulants are the drugs most often used to treat ADHD. Stimulants arouse the part of the brain that filters distractions. This results in a calming effect for a person with ADHD.

Some of the more common ADHD stimulants include:

- Adderall®
- Concerta®
- Daytrana®
- Dexedrine®
- DextroStat®
- Metadate®
- Methylin®
- Ritalin®

Not all ADHD medications are approved for adults by the U.S. Food and Drug Administration. However, a doctor may still choose to prescribe them. Some of these drugs may not react well with other medications. Therefore, the doctor should be made aware of any pills being taken for other ailments. Instead of stimulants, sometimes antidepressants such as Effexor® or Wellbutrin® are prescribed for adults with ADHD.

Medication is by far the first line of treatment for adults with ADHD. In addition, talk therapy may be useful for working through daily struggles. This can be individual, couples or group therapy. These sessions should be led by a mental health professional who is trained in treating ADHD.

## ADHD IN ADULTS, CONT'D.

### ADHD and relationships

ADHD can hamper adult relationships in many ways. Making impulsive decisions, always interrupting and not picking up on social cues are among these symptoms. It is easy for others to believe the person is being insensitive. That is why learning as much as possible about the disorder is so important. This is true for those with ADHD as well as for those who spend a lot of time around them.

There are some simple steps you can take to improve your relationships. One is to make sure you keep an open dialog. This will allow your co-workers, friends or loved ones to provide you with healthy feedback. Try to stay positive and always think before you respond. You can also use these times to plan the week or weekend ahead. This will ensure you all are on the same page and no one is surprised.

Money and intimacy are two common areas of conflict in romantic relationships. These can be further provoked by the impulsive and inattentive traits of someone with ADHD. Be sure to discuss any major purchases ahead of time and use credit cards sparingly. If spending cannot be controlled, seek the help of a financial counselor. You may also want to consider couples counseling for any unresolved intimacy issues.

### ADHD at work

Many of the problems at work for someone with ADHD involve organization and concentration. Staying alert and focused can be challenging. This makes getting work done in a timely manner all the more difficult.

Here are some tips for being more productive at work:

- Avoid distractions by working away from windows, busy doorways or bathrooms.
- Stay alert by taking frequent breaks, stretching or getting up and walking around.
- Keep organized by using sticky notes, checklists and day planners.
- Set up reminders on your computer or smartphone for important tasks or events.
- Schedule regular meetings with your boss or co-workers to ensure you are staying on target.

### Resources

[FDA ADHD Patient Medication Guides](#)

[ADHD and Relationships: Tips for Adults](#)

[ADHD in the Workplace: Overcoming Obstacles and Getting the Job Done](#)

### By Kevin Rizzo

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*“That is why learning as much as possible about the disorder is so important. This is true for those with ADHD as well as for those who spend a lot of time around them.”*

## CREDENTIALING WITH VALUEOPTIONS® USING CAQH - FREQUENTLY ASKED QUESTIONS (FAQ)

Providers can now utilize Council for Affordable Quality Healthcare's (CAQH®) online Universal Provider Datasource® (UPD) for credentialing and recredentialing purposes. Some of the most frequently asked questions we receive about CAQH are outlined in this article. If you have specific questions, please read the full version of the [CAQH FAQ](#) or contact the ValueOptions Provider Service Line at 800.397.1630, 8 a.m. to 8 p.m., Monday – Friday.

**Q: What if I recently submitted my completed ValueOptions recredentialing application? Is there anything further I need to do?**

A. No. You do not need to do anything further if your application was complete and all supporting documents were submitted. If you have a CAQH number, we would like to document that number in our system. Please contact the ValueOptions Provider Services Line, and provide us with your CAQH number.

**Q: I am a ValueOptions network provider and already registered with CAQH. What do I need to do?**

A. If you are already registered as a CAQH user and a ValueOptions network provider, you will need to give authorization to release your application to ValueOptions. Please approve the request and make your information available to ValueOptions for review. In addition, be sure your information and attestation within the UPD is updated and complete.

**Q: I am interested in joining the network and already registered with CAQH. How will I know when to complete a CAQH application?**

A: If you are interested in joining the ValueOptions network, you will first need to be nominated. Once the nomination process is completed, you will receive an email from CAQH asking you to authorize ValueOptions to view your application. Please approve the request and make your information available to ValueOptions for review. In addition, be sure your information and attestation within the UPD is updated and complete.

**Q: I am currently a network provider and never used CAQH before. What should I do?**

- A. If you are already a ValueOptions network provider and have never used CAQH, you will need to register with CAQH by doing one of the following:
- Register with CAQH by calling the ValueOptions Provider Services Line. Provide information for ValueOptions to give to CAQH for registration; or
  - Visit the CAQH website <http://www.caqh.org/> to register for CAQH. Afterwards, call the ValueOptions Provider Services Line with your CAQH ID number when it's assigned.

Once registered you will receive a letter from CAQH with your password and ID. Log on, complete your application, fax any additional supporting documentation to the CAQH data center, and authorize ValueOptions to view your application. Providers can also call the CAQH Help Desk at 888.599.1771 or email [caqh.updhelp@acsqs.com](mailto:caqh.updhelp@acsqs.com).

*"If you have specific questions, please read the full version of the CAQH FAQ or contact the ValueOptions Provider Service Line at 800.397.1630, 8 a.m. to 8 p.m., Monday – Friday."*



## 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.

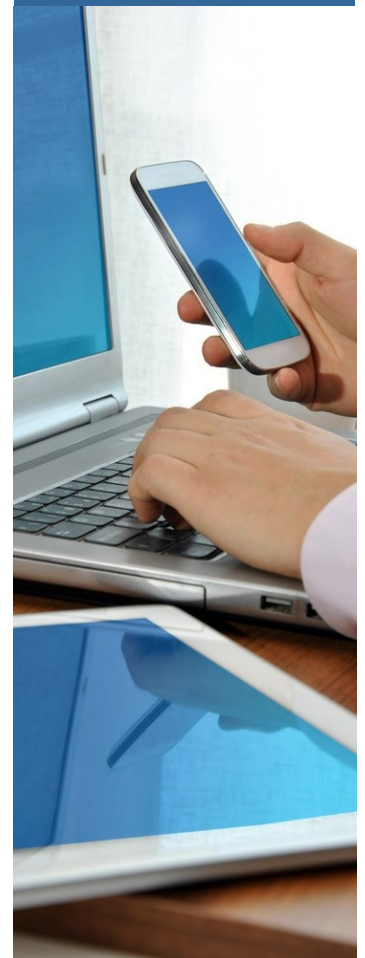
To learn more about ProviderConnect, providers can access the following resources available on ValueOptions.com:

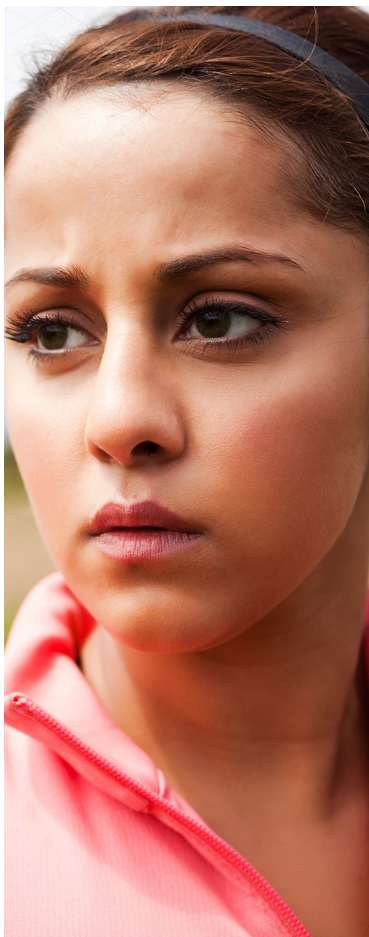
- [Online Demo](#)
- ["Getting Started with ProviderConnect" User Guide](#)
- [ProviderConnect Registration form](#)

Technical Questions regarding using ProviderConnect can be directed to our EDI Help Desk at 888-247-9311 between 8 AM and 6 PM Eastern Time, Monday through Friday or by email 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>.

*"For direct deposit of your payments, we recommend providers rely on our partner, [PaySpan](#)."*





## VALUEOPTIONS ON TRACK PROGRAM

In a recent article published in *Psychotherapy Networker* titled "[The Secrets of Supershrinks: Pathways to Clinical Excellence](#)," supports the use of client feedback in the therapy process. Furthermore, the authors call out two key aspects that comprise the "best therapists" in the field:

1. Therapists who dedicate time to honing their practice skills
2. Utilization of a "deliberate practice" approach that establishes a baseline of current functioning at the start of treatment followed by systematically remaining attentive to client feedback to determine what happens next in the treatment process

The ideas within this article support the ValueOptions *On Track* Outcomes initiative, a client-centered outcomes informed care program designed to provide clinicians with state of the art, easy-to-use tools that promote improved client outcomes. The *On Track* Outcomes Program is designed to help clinicians incorporate client-reported feedback into their counseling and psychotherapy practices. A growing body of research demonstrates the power of this type of routine feedback to improve patient outcomes. With *On Track*, clinicians are given access to valuable tools for tracking client progress relative to benchmarks, identifying clients at risk for poor outcomes, and demonstrating the impact of their services. ValueOptions clinicians may use *On Track* for all of their EAP, commercially insured or private pay clients, including, if they choose, those clients who are not ValueOptions members.

### Here's what network clinicians have to say about *On Track*:

- "I realize that having a method of measuring the severity of the problems my clients have is very important. I had been looking for years for something that I could give to everyone regardless of diagnosis. For the first time I felt I had an effective tool to help me determine the effectiveness of my treatment."
- "I have found that the forms catch aspects of their functioning that I may have otherwise missed due to the tendency to focus on the most pressing issues first. I am glad that we have had the opportunity to participate."
- "On Track provides clear, concise, confidential client feedback in potential areas of concern AND also highlights effectiveness of treatment. The Client Feedback Form is easy to use and compliance is high. I am also provided with feedback about the therapeutic relationship that is material for discussion."

Individual clinicians with access to the [ProviderConnect](#) web portal can access the *On Track* tools. The first time providers use *On Track*, they will be asked to confirm key information used by the program before being connected to the *On Track* forms and tools. Group practices and group practice administrators will not be able to access *On Track* through ProviderConnect and should send an email to [OnTrackOutcomes@valueoptions.com](mailto:OnTrackOutcomes@valueoptions.com) for information about how to begin using *On Track*.

*On Track* is provided to network providers at no cost. To learn more about the *On Track* program visit our web page at

<http://www.valueoptions.com/providers/News/OnTrack.htm>.

*"The On Track Outcomes Program is designed to help clinicians incorporate client-reported feedback into their counseling and psychotherapy practices."*

## PROVIDER TREATMENT RECORD DOCUMENTATION

The treatment record is an essential tool for patient care in a time of increasing documentation requirements for providers. It is used by providers to manage patient care, communicate with other providers and to monitor progress toward patient treatment goals. The old adage "if it isn't documented, it wasn't done" continues to be a standard of regulatory agencies today.

The National Committee for Quality Assurance Guidelines for Medical Record Documentation states, "Consistent, current and complete documentation in the medical record is an essential component of quality patient care" ([www.ncqa.org](http://www.ncqa.org)).

Key components of documentation include:

- All entries are legible, signed and dated
- A complete patient history, including past and current health status
- Coordination of care with medical and other behavioral health providers, including all required releases
- Treatment plans, including goals, barriers, interventions and progress
- Patient education and patient understanding of the plan of care

The treatment record should be maintained in a manner that is current, comprehensive, detailed and organized. This documentation assists providers in assessing progress, barriers, and revising the plan of care as needed. It is also evidence of care provided, care coordination and patient involvement in the treatment process.

The ValueOptions Provider Handbook has additional information and resources for our providers. The Handbook, as well as other provider information, is available on the ValueOptions website at [www.valueoptions.com/providers](http://www.valueoptions.com/providers).

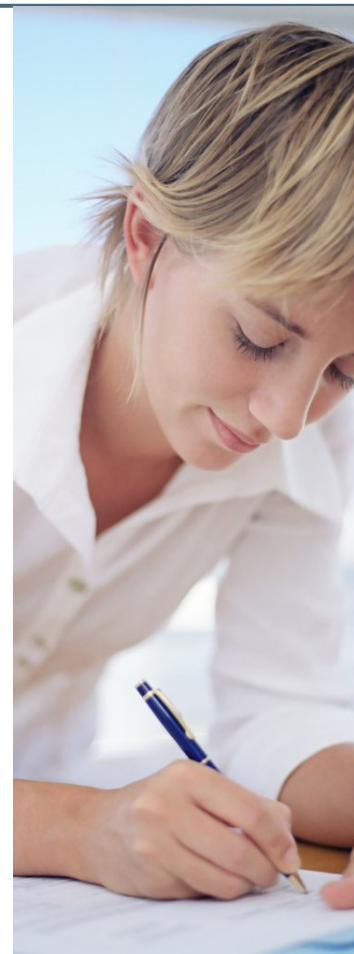
## TREATMENT CLINICAL PRACTICE GUIDELINES

The ValueOptions Scientific Review Committee (SRC) consists of physicians and clinicians within ValueOptions who meet regularly to review relevant information sources and research to include scientific evidence and professional journals. Clinical Practice Guidelines are reviewed regularly, and the SRC then makes recommendations based on an assessment of available evidence. In conducting a literature review, the SRC chooses whether to recommend a particular set of clinical guidelines or to recommend adopting a suite of various relevant guidelines.

Recently the SRC has reviewed criteria pertaining to the following topics:

- Treating Substance Use Disorders
- Treating Panic Disorders
- Bipolar Disorder
- Assessing and Treating Suicidal Behaviors
- Acute Stress Disorder and Post Traumatic Stress Disorder

The adopted criteria can be found here: [http://www.valueoptions.com/providers/Handbook/treatment\\_guidelines.htm](http://www.valueoptions.com/providers/Handbook/treatment_guidelines.htm)



*"Clinical Practice Guidelines are reviewed regularly, and the SRC then makes recommendations based on an assessment of available evidence."*

## DSM-5 & ICD-10: WHAT IS THE RELATIONSHIP?

### Background

In May 2013, the American Psychiatric Association (APA) held their annual meeting and released the new DSM-5. This was the first update in almost 20 years since DSM-IV was released. 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 the 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 begins. During Phase II, the ProviderConnect screen layout will be modified to support the sun setting of axis I-V framework. At that time, the new DSM-5 screen fields will become available within ProviderConnect. Careful consideration was done to make the change as seamless as possible to end users while allowing us to begin to collect data in the new format.

During the ProviderConnect screen enhancement process, any authorization requests in draft form on ProviderConnect will be deleted. To ensure data is not lost, we encourage providers to complete and submit all draft authorization requests prior to Friday, June 27, 2014. Furthermore, a guide outlining the new ProviderConnect DSM-5 screen modifications is available [online](#) along with information on how to utilize new screen fields.

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

Over the past month, providers have expressed concern around the ICD-10 implementation date being pushed back and how that impacts DSM-5. ValueOptions does not feel that the date change for ICD-10 has a direct impact on the 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. (continued on page 8)

*“Furthermore, a guide outlining the new ProviderConnect DSM-5 screen modifications is available online along with information on how to utilize new screen fields.”*



## DSM-5 & ICD-10 CONT'D

For billing and payment purposes, ValueOptions continues to use Revenue codes, CPT codes and HCPCS codes. Mainly, 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 ICD9 coding.

Once again, 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. Claims payment is always dictated by CMS based on the date of service.

### **Resources**

As achieved over the past year, ValueOptions will continue to provide DSM-5 and ICD updates to our provider community through the ValueOptions [\*\*DSM-5 website\*\*](#), the [\*\*ICD-10 website\*\*](#), the [\*\*ValueOptions provider newsletter\*\*](#), [\*\*Giving Value Back to the Provider webinars\*\*](#), FAQ documents and training guides. If providers have additional information after reviewing the above named communications, please call the ValueOptions Provider Services Line at 800.397.1630 Monday – Friday 8 a.m. to 8 p.m. ET.

Recorded Video Tutorials are also available for providers to learn more about the ProviderConnect screen updates:

- [\*\*How do I View and Submit an Authorization?\*\*](#)
- [\*\*How do I Submit an Inpatient or Higher Level of Care Request?\*\*](#)

For additional information on DSM-5, visit the following external websites:

- [\*\*http://www.psychiatry.org/dsm5\*\*](http://www.psychiatry.org/dsm5)
- [\*\*http://www.dsm5.org/Pages/Default.aspx\*\*](http://www.dsm5.org/Pages/Default.aspx)
- [\*\*http://www.dsm5.org/about/Pages/faq.aspx\*\*](http://www.dsm5.org/about/Pages/faq.aspx)

*“Once again, 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.”*





## NORTH CAROLINA ENGAGEMENT CENTER-QUALITY IMPROVEMENT INITIATIVE MONITORING FOR METABOLIC SYNDROME FOR MEMBERS TAKING ANTI-PSYCHOTIC MEDICATIONS

Metabolic syndrome is a cluster of features (hypertension, central obesity, glucose intolerance/insulin resistance and dyslipidemia) that is predictive of both Type 2 Diabetes and cardiovascular disease. Such features are prevalent in people who are receiving antipsychotic medication. The precise relationship between antipsychotic drugs, glucose homeostasis, obesity and the metabolic syndrome remains uncertain, but it is clear that people treated with antipsychotic medication have a high rate of the individual features of the metabolic syndrome and the syndrome itself (Schizophrenia Bulletin vol. 33, no 6, pp.397-1403.).

In addition to antipsychotic medication, the negative symptoms of mental illness and vulnerability to stress, specifically in schizophrenia, lead to a lifestyle that increases the risk for development of metabolic syndrome (DeHert, et.al, 1999).

Studies suggest that screening for metabolic syndrome in people prescribed antipsychotic medication are below the recommended screening rates. Considerable evidence indicates that mentally ill patients often do not receive adequate recognition, monitoring, or care for their medical illnesses, which negatively impacts quality of life and contributes to premature death.

Reviews of the association between psychotic disorder, the metabolic syndrome, diabetes, and antipsychotic drugs conclude that there is a critical need for active, routine physical health screening of patients' prescribed antipsychotic drugs, including appropriate management of metabolic adverse events associated with psychiatric medications.

Baseline monitoring measures should be obtained before, or as soon as clinically feasible after, the initiation of any antipsychotic medication:

- Personal and family history of obesity, diabetes, dyslipidemia, hypertension or cardiovascular disease
- Height and weight
- BMI calculation (Weight in Pounds / ( Height in inches x Height in inches ) ) x 703
- Waist circumference (at umbilicus)
- Blood pressure
- Fasting plasma glucose
- Fasting lipid profile

### Ongoing monitoring and recommendations include:

- Baseline screening and regular monitoring for metabolic syndrome
- Consideration of metabolic risks when starting second generation antipsychotic medication
- Patient, family and caregiver education
- Referral to specialized services when appropriate
- Discussion of medication changes with patient and family

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



## NORTH CAROLINA ENGAGEMENT CENTER, CONT'D.

Based on the 2013 annual treatment record review and the 2012/2013 providers that were surveyed, ValueOptions has created a Metabolic Monitoring form for your use. To download a copy of the Metabolic Monitoring form, visit [http://www.valueoptions.com/providers/Network/NCSC State Local Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm).

To view the Center for Disease Control (BMI) Calculator, visit <http://www.cdc.gov/healthyweight/assessing/bmi/index.html>

## VALUEOPTIONS TO ADMINISTER BEHAVIORAL HEALTH BENEFITS FOR HORIZON BEHAVIORAL HEALTH<sup>SM</sup>

We are pleased to announce that effective July 1, 2014, Horizon Blue Cross Blue Shield of New Jersey transitioned the management of its behavioral health services, Horizon Behavioral Health<sup>SM</sup>, to ValueOptions from Magellan Behavioral Health, Inc. (Magellan).

The services ValueOptions will provide on behalf of Horizon Behavioral Health will include:

- Network management.
- Credentialing and Recredentialing.
- Utilization Management.
- Provider and member complaints and appeals for providers and members.
- Care coordination and case management programs.
- Customer Service.
- Quality Improvement.

**Key highlights of this transition are as follows:**

### Transition of Care:

- Magellan will continue to manage benefits for members who as of July 1, 2014 are receiving Inpatient, Inpatient Detox, Inpatient Rehabilitation and Residential Treatment services until the member steps down to the next level of care.
- All members who are currently in partial hospitalization and receiving intensive outpatient services will have authorization end dates of June 30, 2014 from Magellan.
- Members currently engaged in Intensive Case Management with Magellan will be transitioned to ValueOptions for ongoing support.

### Authorizations:

- Providers with members covered under Horizon Behavioral Health can request or view authorizations using ProviderConnect® (preferred method) or by calling **1-800-626-2212** or **1-800-991-5579** for members covered by the New Jersey State Health Benefits Program/School Employees' Health Benefit Program (SHBP/SEHBP).

*"We are pleased to announce that effective July 1, 2014, Horizon Blue Cross Blue Shield of New Jersey's behavioral health program, Horizon Behavioral Health<sup>SM</sup>, transitioned the management of its behavioral health services to ValueOptions from Magellan Behavioral Health, Inc. (Magellan)."*



## HORIZON BEHAVIORAL HEALTH<sup>SM</sup>, CONT'D.

- Routine outpatient authorizations are handled between 8 a.m. and 8 p.m., Monday through Friday; urgent and emergent authorizations or facility/higher level of care authorizations can be requested or reviewed 24/7.

### Claims Submissions:

- Claims should be submitted electronically to Horizon Behavioral Health through NaviNet®, which is accessible from the Horizon website located at [HorizonBlue.com/providers](http://HorizonBlue.com/providers). Once submitted, these claims will be routed to a dedicated claims team administered by ValueOptions.
- Claims will also continue to be accepted through clearinghouses; **the Horizon BCBSNJ payer id is 22099.**
- Although electronic claim submission is preferred, behavioral health paper claims will be accepted. Claims with dates of service on or after July 1, 2014,, should be sent to:

#### **Horizon BCBSNJ**

Horizon Behavioral Health  
PO Box 10191  
Newark, NJ 07101-3189

#### **FEP Members:**

Horizon BCBSNJ  
PO Box 656  
Newark, NY 07101-0656

#### **BlueCard Members:**

Horizon BCBSNJ  
PO Box 1301  
Neptune, NJ 07754-1301

### Applied Behavioral Analysis (ABA)

The Horizon Behavioral Health program now has a dedicated Autism/ABA team to help ensure members with autism receive the care they need. To access provider-specific information related to benefits for ABA, please visit <http://valueoptions.com/horizon/aba>.

### Provider Orientation Webinar Schedule:

Tuesday, July 8, 2014  
2:00 PM - 3:00 PM EST

Tuesday, August 12, 2014  
2:00 PM - 3:00 PM EST

Thursday, July 17, 2014  
1:00 PM - 2:00 PM EST



*“Claims should be submitted electronically to Horizon Behavioral Health through NaviNet®, which is accessible from the Horizon website located at [HorizonBlue.com/providers](http://HorizonBlue.com/providers).”*

## HORIZON BEHAVIORAL HEALTH<sup>SM</sup>, CONT'D.

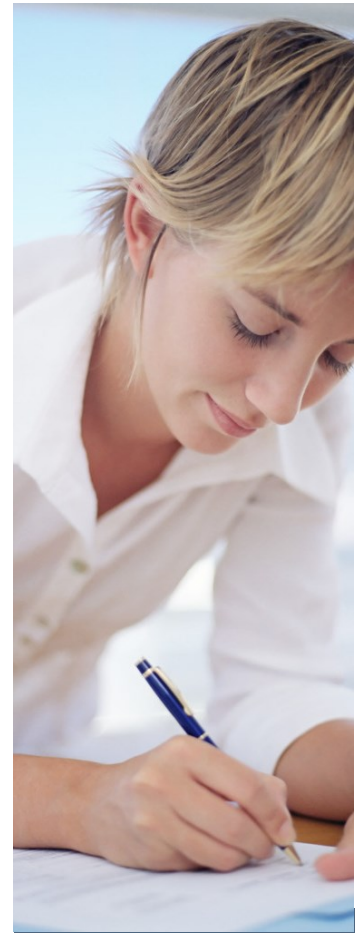
### Contact Information:

- Provider Relations, Credentialing and Contracting Questions: **1-800-397-1630** (8 am - 8 pm ET Monday – Friday) or [horizonbehavioralhealthproviderrelations@valueoptions.com](mailto:horizonbehavioralhealthproviderrelations@valueoptions.com).
- Authorizations and Care Management **1-800-626-2212** or **1-800-991-5579** (for NJ State Health Benefits Program).
- EDI Help Desk (Technical Questions pertaining to ProviderConnect) **1-888-247-9311** (8 am - 6 pm ET Monday – Friday).
- NaviNet **1-888-482-8057** or **NaviNet.net**.
- Complaints, appeals and/or general inquiries **1-800-626-2212** or **1-800-991-5579** (for NJ State Health Benefits Program).

Additional resources associated with this transition are located on the Horizon Behavioral Health Network Specific website located at <http://www.valueoptions.com/horizon>.

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

**ValueOptions of New Jersey, Inc. is a NJ corporation licensed by the NJ Department of Banking & Insurance, and is contracted by Horizon BCBSNJ to administer the Horizon Behavioral Health program.**



*“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.”*

## PAPER CLAIMS ADDRESS CHANGE

On June 1, 2014, a new paper claims address went into effect for providers who submit paper claims to the Norfolk, Virginia addresses outlined below under "Old Paper Claims Addresses". Providers should immediately begin using the new paper claims address in Latham, New York. This change of address will assist us in improving claims processes and other operational efficiencies. The Norfolk, Virginia paper claims addresses will be available for 90 days after June 1, 2014. After 90 days, mail sent to the Norfolk, Virginia addresses will be returned.

### Old Paper Claims Addresses:

- P.O. Box 12450 Norfolk, VA 23541
- P.O. Box 12599 Norfolk, VA 23541
- P.O. Box 12698 Norfolk, VA 23541

### New Paper Claims Address:

**ValueOptions**  
**P.O. Box 399**  
**Latham, NY 12110**

By January 2015, it will be a requirement for all ValueOptions providers to electronically perform all routine transactions, including submission of claims via ProviderConnect. We encourage providers, if they have not already done so, to register for ProviderConnect and to read more about the [E-Commerce](#) requirement on the ValueOptions website.

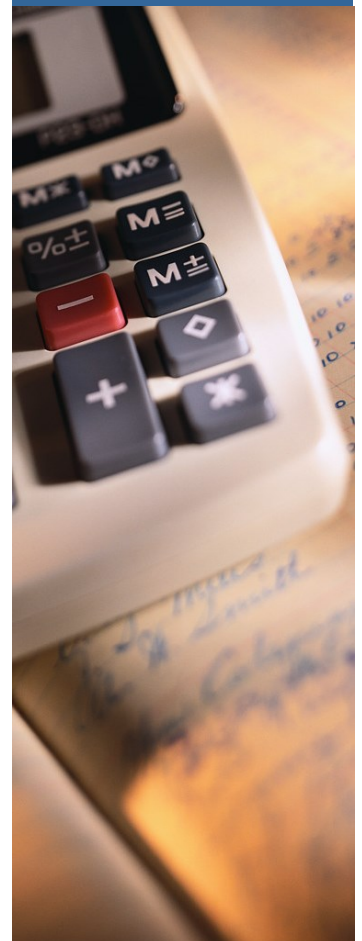
If you have additional questions, please contact the ValueOptions customer service line you typically call for provider inquiries in order to speak with a Customer Service Representative.

## VALUEOPTIONS CORPORATE LOCATIONS NOW REFERRED TO AS ENGAGEMENT CENTERS

ValueOptions® is a company on the move, striving to better serve your evolving needs while remaining true to our mission. Just as we've made substantial operational and technological changes in support of our mission, we decided that our corporate location names needed to better reflect our focus on engaging members in the right resources and programs to optimize their health and wellbeing. Therefore, the Service Center reference has been changed to Engagement Center to convey the energy and focus with which ValueOptions pursues its fundamental priority.

As a company, we're in the process of updating corporate materials with this new name, so please forgive us if we appear inconsistent in communications we have with you in the coming months.

*"This change of address will assist us in improving claims processes and other operational efficiencies."*



## NEW CONTRACTS AWARDED TO VALUEOPTIONS

Multiple new contracts were awarded to ValueOptions in July 2014. The contracts effective July 1, 2014 are as follows:

### Employee Assistance Programs (EAP) and Work Life Services

- Providence Health & Services

### Health Plans

- Horizon Blue Cross Blue Shield
- Horizon Managed Long Term Services and Supports (MLTSS)
- Rocky Mountain Health Plan

## 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
Tuesday, July 16, 2014	10-11 a.m. ET	<a href="https://www2.gotomeeting.com/register/800482506">https://www2.gotomeeting.com/register/800482506</a>

### Authorizations on ProviderConnect®

This webinar will provide a detailed demonstration of the authorization process using ProviderConnect.

Date	Time	Registration Link
Wednesday, July 23, 2014	11:00 am- 12:00 p.m. ET	<a href="https://www2.gotomeeting.com/register/409305058">https://www2.gotomeeting.com/register/409305058</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, July 24, 2014	1-2 p.m. ET	<a href="https://www2.gotomeeting.com/register/116968394">https://www2.gotomeeting.com/register/116968394</a>

