June 2014

VALUED PROVIDER eNEWSLETTER

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A NEW DEFINITION OF FAMILY

Today, most households no longer look like the "traditional" family of days gone by. Between 1970 and 2012, the share of households made up of married couples with children went from 40 percent to 20 percent. Modern-day homes include:

⇒ married couples without children

⇒ couples that live together with or without children

⇒ single-parent families

⇒ blended and stepfamilies

⇒ same-sex partnerships and marriages, with or without children

⇒ grandparents raising grandchildren

⇒ committed couples who live apart

The drop in marriage rates and traditional families worries some people. But it doesn't seem to worry most. A 2010 Pew Research survey found that two-thirds of Americans think that family diversity is good for society or does not matter. Other research suggests that family type matters little to family strength.

Who counts as family?

The answer depends on whom you ask. Government, businesses and other groups most often define family based on biology, marriage or household. They often leave out people who we might count as family if given the choice. One study that asked people to point out their most significant family members found they might include:

⇒ in-laws

⇒ distant relatives

⇒ close friends

⇒ life partners

⇒ step-relatives

"Family of choice" is the group of people that we consider closest to us. Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals often build families of choice. Most people look beyond the family they were born into for the love, support, role models and a sense of unity. ***(continued on page 2)***

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

VALUEOPTIONS®
Innovative Solutions. Better Health.

THE NEW DEFINITION OF FAMILY (CONTINUED)

Do declining marriage rates mean that people no longer value family and family life?

Not at all. Three-quarters of the poll takers said their family is the most important part of their life. Eight in 10 said that the family they live in now is as close as or closer than the family in which they grew up.

What makes families strong?

A 2012 Search Institute study reviewed American families with children. It used many factors or assets that help with family strength. The assets fall into 5 themes:

⇒ **Nurturing relationships.** Family members show love and communicate well. They respect and care about each other's feelings. They support personal and common interests.

⇒ **Setting up routines.** Family life is guided by predictable routines and customs.

⇒ **Keeping up expectations.** Family roles are well-defined. Members hold each other accountable and work through problems.

⇒ **Adapting to challenge.** Families cope with large and small issues. They are resilient and work with change together.

⇒ **Connecting to community.** Families are tied to the larger community in which they live.

The study found no difference in the number of assets across traditional, single-parent and same-sex families. In other words, family type did not change family strength. The more assets a family has, the more likely it will thrive. And, the more likely children raised in the family will grow up healthy and well-adjusted.

What challenges do modern families face?

Many people who love and care about each other are not recognized as family by law. This is very true for LGBT Americans. LGBT families face legal blocks to marriage, adoption, money and other aids given to married couples. Modern families also face stigma. It can be against LGBT families and single parents, creating stress. It also isolates families in need of social support the most.

Children being raised by same-sex couples face discrimination and bullying at school. Even other parents and society may feel that same-sex couples are not suited to raise children. This is despite the fact that fewer families actually resemble what might be considered a traditional household.

"Eight in 10 said that the family they live in now is as close as or closer than the family in which they grew up."

VALUEOPTIONS® GOES ELECTRONIC: *PREPARE NOW FOR VALUEOPTIONS' E-COMMERCE JANUARY 2015 DEADLINES*

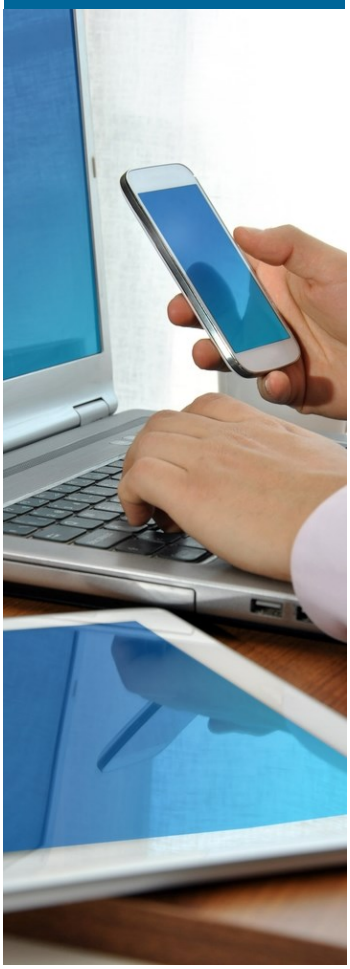
Effective January 1, 2015, it will be mandatory for all providers to conduct claim, authorization and other routine transactions electronically with ValueOptions. To prepare for this fast approaching date, we highly recommend providers register for ProviderConnect and begin using this platform for these transactions as soon as possible.

Conducting claim, authorization and other transactions electronically with ValueOptions reduces the risk of error and processing delays since it enables providers to quickly input information through a personal computer or mobile device. Once submitted, the information is rapidly received, reviewed and processed by ValueOptions. Due to this fast turnaround time and the time saved by not having to mail, fax or call ValueOptions, providers who use ProviderConnect for these types of transactions have reported that they have saved thousands of dollars each year.

For providers not familiar with ProviderConnect or for those who are interested in learning more about the **ValueOptions Goes Electronic Initiative**, visit the newly created **E-Commerce web page** on ValueOptions' website that features details about this requirement, FAQs related to the upcoming deadline and other helpful
resources. Additionally, providers are encouraged to attend one of our ProviderConnect webinars.

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

"Effective January 1, 2015, it will be mandatory for all providers to conduct claim, authorization and other routine transactions electronically with ValueOptions."



UTILIZE CAQH TO CREDENTIAL OR RECREDENTIAL WITH VALUEOPTIONS®

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

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

ICD-10 DELAYED UNTIL 2015

On April 1, 2014, the President signed into law legislation passed by the House and Senate delaying ICD-10. Centers for Medicare and Medicaid Services (CMS) has not made an official announcement as to the new compliance date. ValueOptions continues to make changes to comply with the 10th modification to International Classification of Diseases (ICD) codes.

ValueOptions will be compliant with the regulation and only accept ICD-10 codes on or after the official compliance date and will cease to accept ICD-9 codes following the time parameters of the regulation. Any claims submitted that do not follow these business rules will be denied. **Please Note:** At a minimum, ICD-10 adoption cannot occur prior to October 2015.

Once an official ruling is announced by CMS, ValueOptions will update our provider communications including the **ICD-10 FAQ Document** to reflect the new compliance date and ICD-10 timeline. Additionally, we will continue to update providers on this initiative through our newsletter, website and email/ phone communications.

DSM-5: PROVIDERCONNECT® SCREEN CHANGES OCCURRING IN JUNE 2014

In January 2014, ValueOptions began to accept information for clinical purposes using the DSM-5 framework. As previous DSM-5 communications stated, the DSM-IV screen layout will still exist in ProviderConnect; however either DSM-IV or DSM-5 clinical diagnoses will be accepted. A guide for accommodating DSM-5 in ProviderConnect is available on the DSM-5 section of the **website**.

On June 28, 2014, the ProviderConnect screen layout will be modified to support the sunsetting of axis I-V framework. At that time, the new DSM-5 screen fields will become available within ProviderConnect. A guide outlining the new ProviderConnect DSM-5 screen modifications is available **online** along with information on how to utilize new screen fields.

Please be aware, during the ProviderConnect screen enhancement process, any authorization requests in draft form on ProviderConnect will be deleted if they remain in the system on the transition day. **To ensure data is not lost, we encourage providers to complete and submit all draft authorization requests prior to Friday, June 27, 2014**.

Continue to read our latest newsletters and visit the ValueOptions provider website for further updates regarding DSM-5 at **http://www.valueoptions.com/providers/Spotlight.htm#dsm5**.

"To ensure data is not lost, we encourage providers to complete and submit all draft authorization requests prior to Friday, June 27, 2014."

BALANCE BILLING REMINDERS

Balance billing is the practice of billing a member or patient for the difference between the agreed upon payment rate for covered services in the provider agreement and the participating provider's usual charge for the service. An example of Balance Billing is when an in-network provider knowingly bills an eligible ValueOptions member for any coverable service beyond the applicable copayment or co-insurance.

Participating practitioners and facilities may not balance bill members for covered services rendered. This means that the participating provider may not bill, charge or seek reimbursement from the member for covered services, except for applicable member expenses and non-covered services. Participating practitioners and facilities also may not balance bill when a claim is denied for failure to obtain a required authorization for care, or for timely filing.

Balance billing is not when a provider bills a member if the provider determines that a member has exhausted his/her benefit or if it is determined that the eligibility information provided by ValueOptions was incorrect. It is the provider's responsibility to inform the member of the costs of services in the event the member is not eligible or has exhausted his/her benefit, to have a written policy of conditions under which the provider might seek monies directly from the member, and the costs of services, and to have the member sign such an agreement BEFORE rendering treatment.

Prior to seeking payment from a member for any services not certified (whether due to Provider's failure to secure certification where required or as determined by ValueOptions, or where applicable Payor or Payor's designee), the provider should first exhaust all appeals of any certification or authorization denial; and advise the Member that the service or services are not certified, will not be covered or paid for by ValueOptions or the Payor, and obtain written acknowledgment from the member that the Member is and will be financially responsible for all costs of such services not certified.

Mainly, ValueOptions wants to ensure proper billing processes so providers are getting paid accurately and in a timely fashion. To further expedite the claim process, practitioners and facilities should report changes in demographic information or changes in practice patterns such as change of services and/or billing address, name change, coverage arrangements, tax identification number, hours of operation, and/or changes in ownership to ValueOptions in advance of such changes. ValueOptions must receive 60 days advance notice of any new programs or services offered by a facility provider in order to allow for completion of the credentialing process prior to provision of services to members. For more information, please consult your provider handbook.

"An example of Balance Billing is when an in-network provider knowingly bills an eligible ValueOptions member for any coverable service beyond the applicable copayment or co-insurance."

QUICK GUIDE FOR EMPIRE PLAN PROVIDERS

As of January 1, 2014, the Empire Plan Mental Health and Substance Abuse Program is administered by ValueOptions. ValueOptions has created an **Empire Plan Provider Quick Guide** to assist providers seeing Empire Plan enrollees.

VALUEOPTIONS IN-NETWORK PROVIDER

⇒ Confirm ValueOptions network participation status prior to seeing an Empire Plan enrollee.
⇒ Current authorizations with the previous carrier do not carry over. Ten bypass visits are available per member, per provider, per episode of care.
⇒ Authorization is required after the initial 10 sessions expire.
⇒ **Authorization Requests should be submitted online via ProviderConnect.**
⇒ **Providers submitting via ProviderConnect are encouraged to continue to do so as we move toward full electronic submission by 2015.**

OUT-OF-NETWORK PROVIDER (OON) OR PENDING CREDENTIALING APPLICATION

⇒ After the 90-day transition period expires, the enrollee will need to transition to a ValueOptions INN provider or the services will be paid at the OON level of benefits.
⇒ Current authorizations with the previous carrier do not carry over. Ten bypass visits are available per member, per provider, per episode of care.
⇒ Authorization is required after the initial 10 bypass sessions expire.
⇒ For further authorization, **Outpatient Review forms** can be faxed to 855.732.1197. This fax line is specific to Empire Plan enrollees.

PROVIDERCONNECT

⇒ **Register**
⇒ **Try the Demo**
⇒ **ProviderConnect User Guide**
⇒ **ProviderConnect Video Tutorials**
⇒ **Upcoming ProviderConnect Webinars**
⇒ EDI Helpdesk for ProviderConnect Electronic Claims and Technical Questions 888.247.9311

IMPORTANT LINKS

⇒ **Empire Plan Provider Network Specific Page**
⇒ **Empire Plan Provider Frequently Asked Questions**
⇒ **Empire Plan Provider Orientation Webinar Presentation Slides**

FORMS

Clinical Forms

VALUEOPTIONS PAYER ID

FHC &Affiliates

EMPIRE PLAN CLAIMS ADDRESS (INN & OON CLAIMS)

ValueOptions P.O Box 1800 Latham, New York 12110

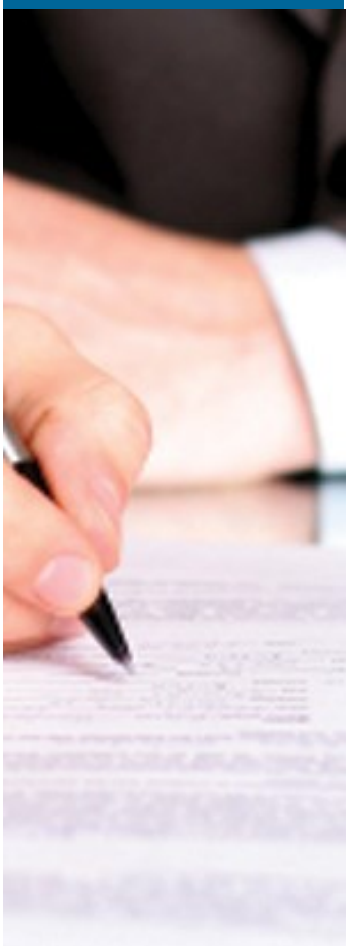
NETWORK PARTICIPATION, PROVIDER RELATIONS, CREDENTIALING & CONTRACTING

Provider Service Line 800.235.3149 between 8 a.m. and 8 p.m. ET, Monday - Friday

CLINICAL AND CLAIMS QUESTIONS

1.877.7.NYSHIP (877.769.7447) Option 3

"Providers submitting via ProviderConnect are encouraged to continue to do so as we move toward full electronic submission by 2015."



PAPER CLAIMS ADDRESS CHANGE

Effective June 1, 2014, ValueOptions will have a new paper claims address. It is requested that providers who submit paper claims to the Norfolk, Virginia addresses outlined below 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

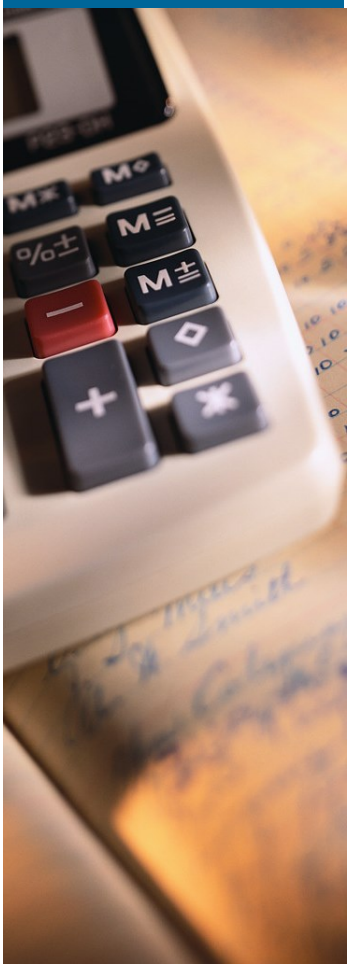
New Paper Claims Address:

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.

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.

"By January 2015, it will be a requirement for all providers to electronically perform all routine transactions, including submission of claims via ProviderConnect."



PAPER CLAIMS ADDRESS CHANGE - FIRST COAST ADVANTAGE, LLC

Effective June 1, 2014, It is requested that FCA providers who submit paper claims to the Norfolk, Virginia address 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.

New FCA Paper Claims Address:

ValueOptions
P.O. Box 870
Latham, NY 12110

If you have any additional questions or need assistance, please contact ValueOptions Florida Provider Relations at TampaPR@valueoptions.com.

BENEFIT CHANGES FOR SUBGROUP OF UPS UNION TEAMSTER MEMBERS

Effective June 1, 2014, a behavioral health benefit change will occur for a sub-group of UPS Union Teamster members in Alaska, Arizona, California, Hawaii, Idaho, Montana, New Jersey, New Mexico, Nevada, Oregon, Utah and Washington. ValueOptions will continue to administer the behavioral health benefit for many of these members, however there will be a change in the covered mental health and substance abuse benefits for some members.

As a ValueOptions provider, who may be providing services to a member affected by this change, you are strongly encouraged to contact ValueOptions at **855.884.7080** to confirm participant eligibility and benefits for mental health and substance abuse services after May 31, 2014. New eligibility information will be available after May 31, 2014.

Please be aware, there are no changes to the members' EAP benefit. ValueOptions will continue to administer the EAP benefits for the entire active UPS population.

We appreciate your attention to this important announcement. If you have any additional questions or need assistance, please contact ValueOptions at **855.884.7080** between 8 a.m. and 7 p.m. CT, Monday through Friday to speak with a Customer Service Representative.

CHANGES FOR CHRYSLER

"Effective July 1, 2014, Chrysler Group LLC will be consolidating behavioral healthcare vendors for its union represented active and retiree population from the existing vendors, Blue Cross Blue Shield and ValueOptions, Inc., to exclusively ValueOptions."

Effective July 1, 2014, Chrysler Group LLC will be consolidating behavioral healthcare vendors for its union represented active and retiree population from the existing vendors, Blue Cross Blue Shield and ValueOptions, Inc., to exclusively ValueOptions.

If you are currently a ValueOptions and a Blue Cross Blue Shield Participating Provider, the only change is that you will begin to submit claims to ValueOptions at the address below. As of July 1, 2014, your ValueOptions Provider Agreement will apply to services provided to Chrysler Group LLC union represented members. For dates of service beginning on and after July 1, 2014, claims for Chrysler Group LLC for only union represented members should be submitted to:

ValueOptions
PO Box 930829
Wixom, MI 48393-0829

If you are not a ValueOptions provider, when you call to register outpatient treatment under the Transition Benefit, the ValueOptions representative will enter transition benefit session(s) through September 30, 2014, to be paid at usual and customary rates. The transition benefit will end on September 30, 2014, unless ValueOptions determines that it is medically necessary for further care under a continuity of care waiver. Please contact ValueOptions at 800.346.7651 to discuss this with a Care Manager.

If you are not a ValueOptions participating provider, you may request an application by contacting the Provider Service Line at 800.397.1630.

NORTH CAROLINA ENGAGEMENT CENTER COORDINATION OF CARE BETWEEN BEHAVIORAL HEALTHCARE AND MEDICAL CARE

Ensuring that patients have been evaluated medically is critical to good patient care. When a patient has multiple providers, communication becomes essential to promote quality healthcare, ensure safe practice, and prevent potential medical errors or complications. ValueOptions has initiated activities to help practices improve documentation in this area:

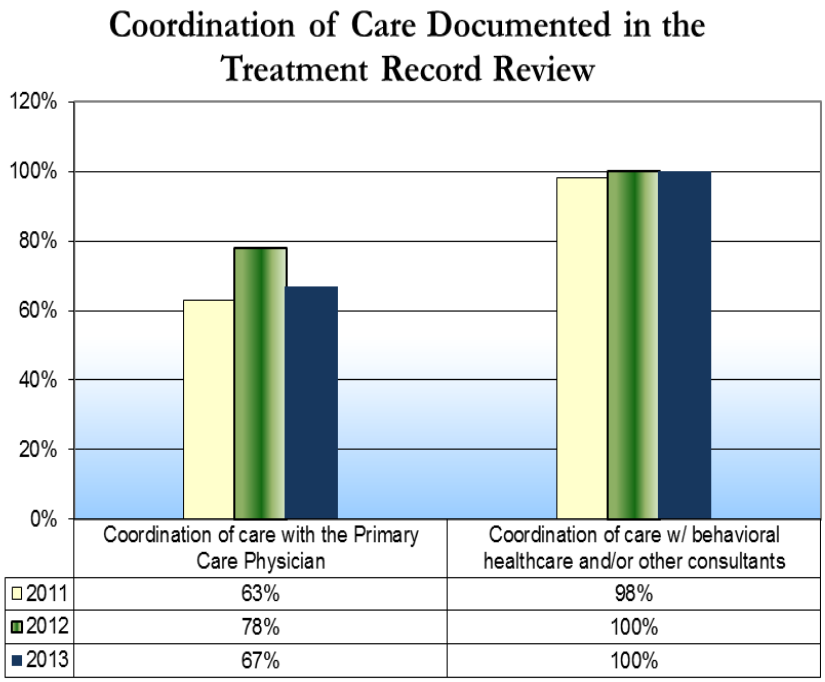
⇒ Forms are available to help you obtain your patient's authorization to share information with the PCP. To download a copy of the form visit:

http://www.valueoptions.com/providers/Network/NCSC_Government/Member_release_info_sheet_PHI.pdf

⇒ Member education tip sheets explaining why this is important may be copied and used in your practice. Copies may be obtained by calling **866.719.6032**.

⇒ Identification of best practices. If you or someone in your practice have created a successful system enabling increased coordination of care with PCP's or other Behavioral Health Practitioners, we would like to hear about it.

The 2013 Treatment Record Review demonstrates no improvement over the past year.



	Coordination of care with the Primary Care Physician	Coordination of care w/ behavioral healthcare and/or other consultants
2011	63%	98%
2012	78%	100%
2013	67%	100%

"If you or someone in your practice have created a successful system enabling increased coordination of care with PCP's or other Behavioral Health Practitioners, we would like to hear about it."

ValueOptions® Innovative Solutions. Better Health.

NORTH CAROLINA ENGAGEMENT CENTER COORDINATION OF CARE BETWEEN BEHAVIORAL HEALTHCARE AND MEDICAL CARE *(CONT'D)*

What can practitioners/clinicians providing outpatient services do?

⇒ Request a discharge summary and/or continuing care plan from the hospital or facility.

⇒ Call the patient prior to the first appointment to confirm appointment date and time.

⇒ Schedule two appointments — the first appointment within Seven days of discharge.

⇒ Assess the patient thoroughly, including medication and appointment compliance.

⇒ Convey a sense of availability to the patient, by including an emergency contact number.

⇒ Keep alternate patient phone numbers, or a phone number of a relative or friend in case of a missed appointment.

⇒ Reach out to the patient after any missed appointments.

⇒ Coordinate/communicate treatment with the psychiatrist, therapist and PCP.

What can facilities do for the patient upon discharge?

⇒ Ensure the continuing care plan is complete, including the patient's first appointment at the next level of care.

⇒ Schedule the first appointment or two with the outpatient provider while the member is present — do not leave scheduling to the patient.

⇒ Fax the continuing care plan to the outpatient provider and the PCP.

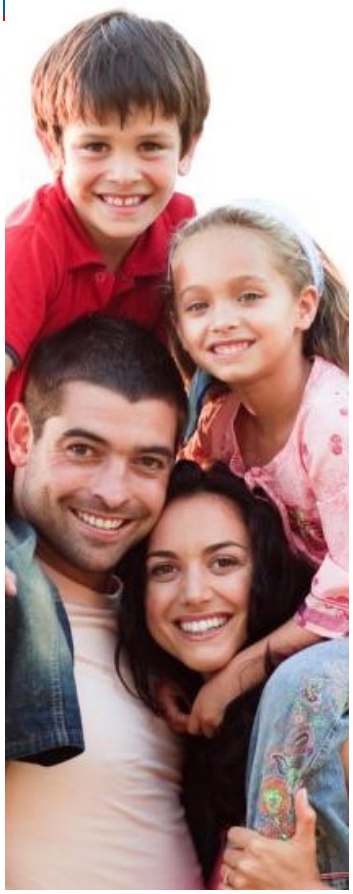
⇒ Make certain the discharge review is faxed or phoned into ValueOptions on the day of discharge so appropriate follow up by ValueOptions can occur.

⇒ Call the ValueOptions care manager for questions and/or for assistance identifying a practitioner.

⇒ Coordinate discharge planning with assigned ValueOptions care manager.

⇒ Educate the family on the importance of the members keeping the discharge appointment.

"Ensure the continuing care plan is complete, including the patient's first appointment at the next level of care."



HAS YOUR DEMOGRAPHIC INFORMATION CHANGED?

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, billing locations and tax IDs. 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.

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.

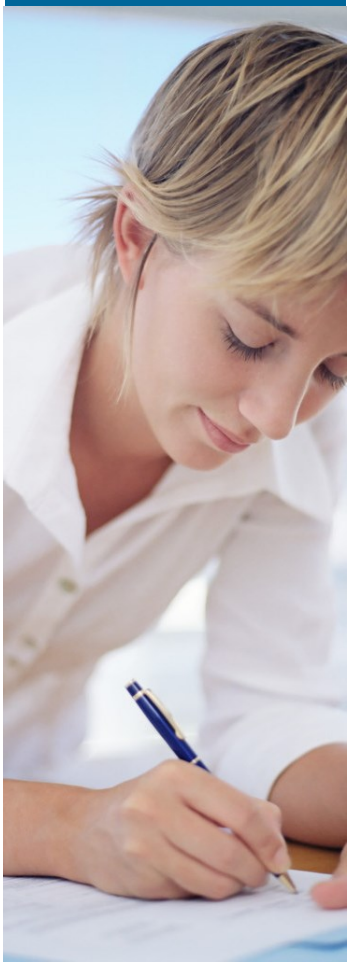
"Instead of having to fill out a form and fax it to ValueOptions, providers can now make and submit changes to their demographic information within ProviderConnect."

2013 PROVIDER SATISFACTION SURVEY RESULTS HIGHLIGHTS

ValueOptions is committed to providing quality service to our provider network. To assist with this effort, ValueOptions annually surveys our provider community through a variety of areas including overall provider satisfaction, customer service and claims processing. The purpose of the annual provider satisfaction survey is for ValueOptions to determine the level of provider satisfaction with our service and identify opportunities for improvement.

Provider Satisfaction Survey Results: 2013 & 2012 Comparison		
	2012	**2013**
Compared to other managed care companies and employee assistance organizations has your experience with ValueOptions been better?	39%	38%
Does your practice use ProviderConnect?	62%	68%
Have you been satisfied with the process of submitting claims electronically?	95%	96%
Providers reporting no difficulty using the ProviderConnect website?	70%	70%

For areas identified as needing improvement, special attention and targeted activities will be initiated in 2014. Thank you to all our providers who participated in our 2013 satisfaction survey.



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, June 10, 2014	1-2 p.m. ET	https://www2.gotomeeting.com/register/610586858

An ICD-10 Overview for Providers

This webinar will introduce the upcoming ICD-10 mandate

Date	Time	Registration Link
Thursday, September 18, 2014	2-3:30 p.m. ET	https://www2.gotomeeting.com/register/496311826
Tuesday, September 23, 2014	11 a.m. - 12:30 p.m. ET	https://www2.gotomeeting.com/register/222153266

Giving Value Back to the Provider

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

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

Introduction to *On* Track Outcomes

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

Date	Time	Registration Link
Thursday, June 19, 2014	1 - 2 p.m. ET	https://www2.gotomeeting.com/register/186226978