

May  
2014

# VALUED PROVIDER eNEWSLETTER

## SPOTLIGHT:

Provider Handbook

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## SCHIZOPHRENIA IN TEENS

Schizophrenia in children does exist, but is less frequently diagnosed. Much more often, the disease is found in teens and young adults. Males tend to show signs of the illness a little earlier than females. Symptoms may be seen in boys around the age of 16 or 17. With girls, it usually does not appear until a couple of years later.

There is no known cure for schizophrenia, but it can be managed. Early detection and treatment is helpful. Although seldom noticed in young children, some experts believe it begins in the womb. Genes are thought to be one cause of the illness. This is consistent with the fact that the disease often runs in families. A person whose parent or sibling has the illness has a 10 percent chance of also getting it. This compares to a 1 percent chance for people in general. Despite starting at such an early stage, the signs usually don't show until years later.

### Prodromal period

The early stage of schizophrenia in youth is known as the *prodromal period*. The warning signs are not always easy to identify. This is because they are similar to what a lot of teens go through anyway. Drug use can also mimic some of the symptoms.

Some of these signs include an increase in mood swings and paranoia. The student may begin to perform poorly in school. They might start to hang out with a new set of friends, or withdraw completely. They will often have sleep issues as well. They may act younger than their actual age. Sometimes these signs are noticed more by teachers than parents.

Other signs and symptoms of schizophrenia include :

- seeing and hearing things
- using strange speech patterns
- displaying odd behaviors
- losing touch with reality
- being overly anxious or afraid
- showing very little expression
- being depressed
- having a lack of any pleasure in life

Factors other than genes may play a large role in determining who gets the disease. Childhood trauma is one such factor. Some other reasons involve the early development of the brain. Sometimes this occurs prior to birth. Exposure to a virus or poor nutrition are two possible causes. Typically, the illness does not

## SCHIZOPHRENIA IN TEENS, CONT'D.

appear until after puberty. During the teenage and young adult years, the brain is still forming connections. Interference with this process may trigger the disease.

### Marijuana and schizophrenia

Marijuana use during the teenage years has been linked to schizophrenia. Those whose family has a history of the illness are at greater risk. Prolonged use during this time may as much as double that risk. THC, which is found in marijuana, is known to affect the brain. It is not clear that smoking pot causes the disease. It is, however, believed to be a trigger for those already at risk. For those who have schizophrenia, smoking pot can make the symptoms worse.

### Treatment

Some antipsychotic drugs, such as Abilify® and Risperdal®, are FDA approved for teenagers. This is good news to both the teen with schizophrenia and the parents. Working closely with the doctor will help ensure which drug and dose works best. Side effects, such as weight gain and increased risk of diabetes, should be closely watched.

### Suicide

The risk of suicide is very real with people who have schizophrenia. This is especially true among young males. If a person talks about taking his life, do not leave him alone. Seek professional help. Call 911 or visit the closest emergency room.

### Resources

Facts for Families: Schizophrenia in Children  
[www.aacap.org/App\\_Themes/AACAP/docs/facts\\_for\\_families/49\\_schizophrenia\\_in\\_children.pdf](http://www.aacap.org/App_Themes/AACAP/docs/facts_for_families/49_schizophrenia_in_children.pdf)

National Suicide Prevention Lifeline  
(800) 273-TALK (1-800-273-8255)

*Schizophrenia Digest* is a magazine dedicated to hope, dignity and support by providing information about schizophrenia for individuals, families, friends and others.

[www.szdigest.com](http://www.szdigest.com)

*Schizophrenia for Dummies* by Jerome Levine, M.D. and Irene S. Levine, Ph.D. For Dummies, 2008.

*The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life* by Kim T. Mueser, Ph.D., and Susan Gingerich, M.S.W. The Guilford Press, 2006.

### By Kevin Rizzo

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**“The risk of suicide is very real with people who have schizophrenia. This is especially true among young males.”**

## 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 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 [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.

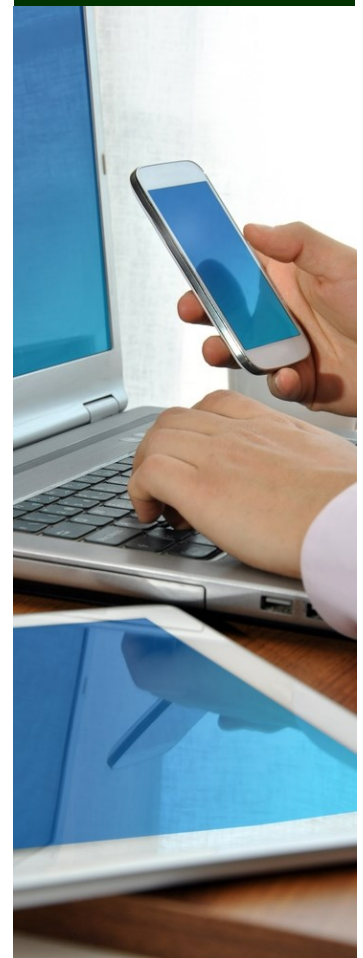
Technical Questions regarding using ProviderConnect can be directed to our EDI Help Desk at 888.247.9311 between 8 a.m. and 6 p.m. ET, Monday through Friday or by e-mail at [e-supportservices@valueoptions.com](mailto:e-supportservices@valueoptions.com).

## 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>.

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



## 2014-2015 VERSION OF THE VALUEOPTIONS' PROVIDER HANDBOOK IS NOW AVAILABLE ONLINE

ValueOptions has posted the **2014-2015 version of the Provider Handbook**. The Provider Handbook outlines the ValueOptions standard policies and procedures for individual providers, affiliates, group practices, programs and facilities. Providers are encouraged to carefully review the Handbook as well as visit the Network-Specific page to verify which policies and procedures are applicable to them.

The provider handbook is an extension of the provider agreement and includes guidelines on doing business with ValueOptions, including policies and procedures for individual providers, affiliates, group practices, programs and facilities. Together, the provider agreement, addenda, and the handbook outline the requirements and procedures applicable to participating providers in the ValueOptions network(s).

The 2014-2015 handbook replaces in its entirety the previous 2013-2014 version. A few noted updates to the provider handbook include:

- Added new subsection called E-Commerce requirements under About ValueOptions section;
- Revised Credentialing and Recredentialing section to include information about Council for Affordable Quality Healthcare (CAQH);
- Updated language throughout the handbook to support the new E-Commerce requirements;
- Expanded Balance Billing subsection;
- Removed Request for Reconsideration subsection under Claims Procedures;
- Included language changes to support DSM-5;
- Retired several Resource Documents and condensed information into E-Commerce Resource page
- Revised the Medicare Advantage Specific Provisions (Appendix 4); and
- Revised EAP and MOS Handbook to include E-Commerce Language (Appendix 5 & 5A).

The [ValueOptions Provider Handbook](#) is very user-friendly and completely searchable. In addition, the document can easily be downloaded from our website to your computer. To open the handbook you will need Adobe® Reader. If you do not have access to this software, you may download the program by visiting the [Adobe Reader](#) website.

Questions, comments and suggestions regarding this handbook should be directed to ValueOptions at 800.397.1630 on weekdays from 8 a.m. to 8 p.m. ET.

*"Providers are encouraged to carefully review the Handbook as well as visit the Network-Specific page to verify which policies and procedures are applicable to them."*



## 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 sun setting of axis I-V framework. At that time, the new DSM-5 screen fields will become available within ProviderConnect. *The new ProviderConnect DSM-5 screen design details will be released closer to the roll-out date along with information on how to utilize the new screen fields.*

Please be aware, during the ProviderConnect screen enhancement process, any authorization requests in draft form on ProviderConnect will be deleted that 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>.

## ENTERING AUTHORIZATION REQUESTS VIA PROVIDERCONNECT®

**Effective January 1, 2015, it will be mandatory for all ValueOptions providers to perform all routine transactions electronically, including** submission of authorization requests, via ProviderConnect. Utilizing ProviderConnect to submit authorization requests allows providers to submit information 24/7 without worry that mail is lost in the postal system or that faxes do not go through successfully.

Network providers not already registered for ProviderConnect should register today. The **Enter an Authorization Request** function on ProviderConnect enables users to electronically submit requests for Outpatient, Inpatient, and Medication Management services. For Outpatient services, authorization is required after the initial 10 sessions. Using the electronic process on ProviderConnect, providers can be assured that their authorization request is received by ValueOptions clinical staff. Additionally, providers can download a summary or complete transcript of the authorization request for their electronic file or print out a copy of the information.

For instructions to submit an Authorization Request via ProviderConnect, do one of the following:

- Watch the [Video Tutorial](#)
- Access the [ProviderConnect User Guide](#)
- Register for one of our upcoming [An Overview of ProviderConnect](#) webinars
- Call the EDI Help Desk at 888.247.9311 8 a.m. to 6 p.m. ET

**“Utilizing ProviderConnect to submit authorization requests allows providers to submit information 24/7 without worry that mail is lost in the postal system or that faxes do not go through successfully.”**

## NEW YORK CITY CLIENTS: VALUEOPTIONS® NO LONGER MAILS PAPER PROVIDER AUTHORIZATION LETTERS

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

Electronic authorization letters provide several advantages over paper letters:

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

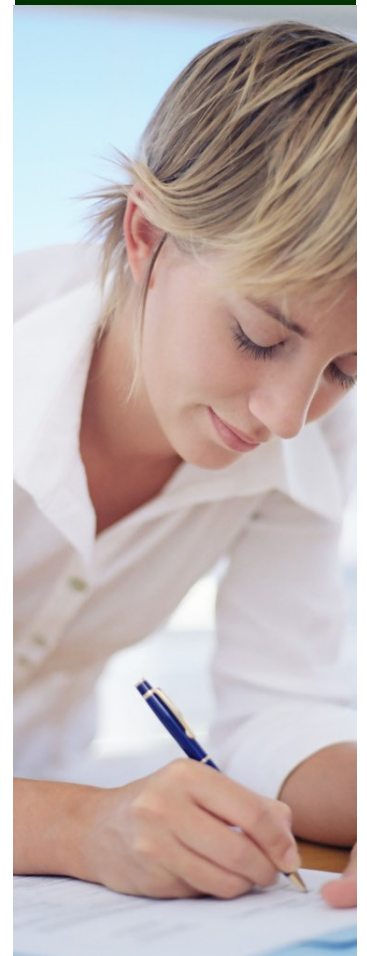
This change to electronic provider authorization letters for GHI, Emblem (Commercial, Medicare and Medicaid), and VNS Choice Medicare and VNSNY Choice SelectHealth, occurs concurrently with our E-Commerce initiative transition. The E-Commerce initiative, which requires all network providers to electronically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

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

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

Technical Questions regarding use of 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).

*"ValueOptions no longer mails paper provider authorization letters for GHI, Emblem (Commercial, Medicare and Medicaid), VNS Choice Medicare and VNSNY Choice SelectHealth."*



## REMINDER FOR NYS OUTPATIENT CLINICS: UPDATE YOUR STAFF ROSTER FORMS

To ensure you receive the most recent information available from ValueOptions, as well as the maximum number of referrals, please complete an [Outpatient Clinic Facility Roster](#) and e-mail it back to [newyorkservicecenter@valueoptions.com](mailto:newyorkservicecenter@valueoptions.com) in **Excel format** no later **Friday, May 30, 2014**.

When completing this form, it is essential that you include your most recent employee and contact information.

*According to ValueOptions, an outpatient clinic is defined as an accredited/ licensed, multi-disciplinary organization that meets outpatient clinic credentialing criteria, may offer a higher level of care and carries liability insurance as an organization.*

Questions regarding this [form](#) can be directed to ValueOptions' National Provider Line at 800.397.1630 between 8 a.m. - 8 p.m. ET, Monday through Friday.

## REVISED CMS-1500 FORM

To effectively accommodate and implement ICD-10-CM diagnosis codes, the National Uniform Claim Committee (NUCC) has revised the CMS 1500 paper claim form. Beginning April 1, 2014, Centers for Medicare & Medicaid Services (CMS) will only accept claims submitted on the revised CMS 1500 paper form (version 02/12).

To further assist providers with the transition, ValueOptions® will continue to accept both versions of the paper form until May 31, 2014. **Beginning June 1, 2014, ValueOptions will only accept claims submitted on the revised CMS 1500 paper claim form (version 02/12).**

[A sample version of the CMS paper claim form \(version 02/12\)](#) is available on the handbook section of our website. Providers can also visit the [NUCC website](#) to learn more about the revised form and where it can be purchased.

As a reminder to providers, claim submission is available, and will soon be required, through [ProviderConnect®](#), our secure and HIPAA-compliant platform or through an EDI alternative. The E-commerce initiative, which requires all network providers to electronically perform all routine transactions, including verification of eligibility inquiries, submission of authorization requests and submission of claims and credentialing applications, begins January 2015. We encourage providers, if they haven't already done so, to register for ProviderConnect to prepare for the upcoming E-Commerce requirements.

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).

*"To ensure you receive the most recent information available from ValueOptions, as well as the maximum number of referrals, please complete an Outpatient Clinic Facility Roster and email it back to [newyorkservicecenter@valueoptions.com](mailto:newyorkservicecenter@valueoptions.com) in Excel format no later Friday, May 30, 2014."*



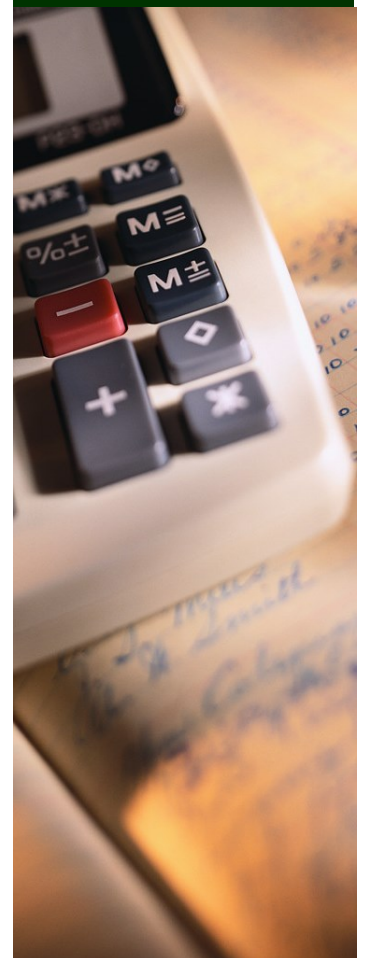
## VALUEOPTIONS® NORTH CAROLINA ENGAGEMENT CENTER 2014 KEY UPDATES PROVIDER NEWSLETTER IS NOW AVAILABLE

The ValueOptions North Carolina Engagement Center is committed to maintaining excellence in care and service in behavioral health treatment. For information on:

- Quality improvement program structure and operations
- Access, availability, and cultural needs
- Satisfaction programs
- Treatment records/criteria and practice guidelines
- Coordination of care
- Quality improvement activity/initiatives
- Utilization information and guidelines
- Members' rights and HIPAA
- Preventive health screening programs
- Other quality improvement activities

Please log into our ValueOptions website at [www.valueoptions.com](http://www.valueoptions.com), click on "Providers," "Network-Specific," "NCSC State Government and HealthPlans," then click "North Carolina Service Center Key Updates Newsletter for Providers & Practitioners." If you do not have web access, please call Carrie Turner, at 866.719.6032, to request a hard copy.

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





## VALUEOPTIONS® OF CALIFORNIA, INC. (“VOC”) TIMELY ACCESS STANDARDS AND LANGUAGE ASSISTANCE PROGRAM

California regulations CCR 1300.67.2.2 and 1300.67.04, require VOC to inform its contracted providers of its timely access standards as well as certain information regarding its Language Assistance Program (“LAP”).

### VOC’s Timely Access Standards\*:

<u>Level of Care</u>	<u>Access Standard</u>
Emergency Care (life threatening)	Available Immediately
Emergency Care (non-life threatening)	Available within six hours
Urgent care appointments	Appointments available within 48 hours
Routine MHSAs appointments	Appointments available within 10 business days
Routine EAP appointments	Appointments available within 7 calendar days
After hours coverage (providers)	24 hours/day by telephone service
Telephone access (VOC operations)	24 hours by live representative

\* These standards may also be found in the VOC Provider Handbook

### VOC Language Assistance Program:

It is VOC's policy to provide language assistance services in accordance with the standards and requirements set forth by Section 1367.04 of the Knox-Keene Act, including the provision of interpretation and translation services at no charge to its members. Certain VOC documents are available to members in languages other than English. To obtain either interpretation or translation services members should call VOC at the number found on their Combined Evidence of Coverage and Disclosure Form.

All VOC provider contracts require compliance with VOC's LAP.

Information on how to file a grievance, seek an IMR, or otherwise obtain assistance from the California Department of Managed Health Care (“DMHC”) is available in several languages through the DMHC’s website, [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov).

*“It is VOC’s policy to provide language assistance services in accordance with the standards and requirements set forth by Section 1367.04 of the Knox-Keene Act, including the provision of interpretation and translation services at no charge to its members.”*



## VALUEOPTIONS® IN THE NEWS: SHOWCASING OUR CLINICAL EXPERTISE

ValueOptions was recently highlighted in two prominent publications in recent months, demonstrating our clinical expertise.

In ***Behavioral Healthcare Magazine***, ValueOptions' Signature Network was introduced and Dr. Chris Dennis, Senior Vice President of our Commercial Division, explained how the program was developed based on facilities in our existing network that have programs demonstrating clinical excellence.

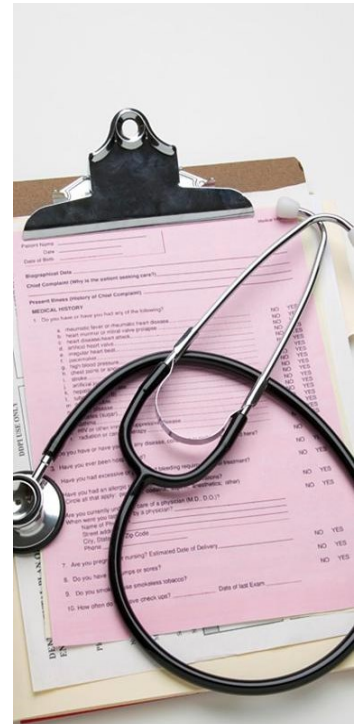
In the March edition of ***Managed Care Magazine***, ValueOptions was featured in an article that examined the changes in the delivery of mental health and substance use disorder services. Dr. Hal Levine, ValueOptions Executive Vice President and Chief Medical Officer, was interviewed for this piece.

## VALUEOPTIONS® SPONSORS CALL-TO-ACTION CAMPAIGN FOR THE ANONYMOUS PEOPLE

ValueOptions is pleased to announce it was a sponsor for the call-to-action campaign for the feature film, ***The Anonymous People***, which examined the 23.5 million Americans living in long-term recovery from addictions and the emerging public recovery movement. The theatrical premiere took place in March in New York City and our sponsorship helped ensure the outreach and engagement of the film's audience worldwide.

The film features interviews with more than 30 people, including many prominent and successful individuals, among the millions in long-term recovery from drug and alcohol addiction who are making the courageous decision to speak out publicly. Award-winning actress Kristen Johnston, former NBA star Chris Herren; Tara Conner, Miss USA 2006; former congressman Patrick Kennedy; veteran news anchor Laurie Dhue; Tom Coderre, chief of staff to Rhode Island Senate president are just a few of the high profile people interviewed for the film.

***The Anonymous People*** does not criticize the anonymous aspects of specific recovery programs, but it does present the downsides to keeping one's struggles with addiction secret. Some in the recovery community have stated that while remaining anonymous can protect individuals from the stigma of addiction, it can also perpetuate false perceptions, as the public doesn't see how often people recover. It can also hamper individual efforts to speak out publicly to promote system change. To view the movie trailer, visit <http://www.manyfaces1voice.org>.



***"The theatrical premiere took place in March in New York City and our sponsorship helped ensure the outreach and engagement of the film's audience worldwide."***

## 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, May 13, 2014	3-4 p.m. ET	<a href="https://www2.gotomeeting.com/register/889671970">https://www2.gotomeeting.com/register/889671970</a>
Thursday, June 10, 2014	1-2 p.m. ET	<a href="https://www2.gotomeeting.com/register/610586858">https://www2.gotomeeting.com/register/610586858</a>

### Authorizations on ProviderConnect

This webinar will provide an in-depth demonstration of how to view and request authorizations using ProviderConnect.

Date	Time	Registration Link
Thursday, May 29, 2014	1-2 p.m. ET	<a href="https://www2.gotomeeting.com/register/686250234">https://www2.gotomeeting.com/register/686250234</a>

### 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	<a href="https://www2.gotomeeting.com/register/633645850">https://www2.gotomeeting.com/register/633645850</a>
Friday, June 6, 2014	11 a.m -1 p.m. ET	<a href="https://www2.gotomeeting.com/register/655174434">https://www2.gotomeeting.com/register/655174434</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, May 14, 2014	11 a.m. - 12 p.m. ET	<a href="https://www2.gotomeeting.com/register/384895442">https://www2.gotomeeting.com/register/384895442</a>

