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VALUED PROVIDER eNEWSLETTER

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LON EMERICK- A RUSH LATE MODEL DRIVER RACING OUT OF THE DARKNESS

Lon Emerick adopted the "Stamp Out Stigma" message early on in its campaign. Spearheading the true spirit of the campaign's call to action, "Talk About It," Lon has repeatedly used his career platform as a racecar driver to share his own experience of living with a mental health illness. His incredible story of recovery is a testament of how a few words can shine a light on mental health awareness to reduce the stigma and give others the strength to seek help and drive for success.

(Transfer, PA)..."I went through a series of depression where I wanted to kill myself about 10 years ago." Not exactly the way a profile of your average short-track racer normally starts out. But Lon Emerick isn't your average short track racer. For Emerick, driver of the number 3 "Stamp Out Stigma" and "Recovery is Possible" RUSH Late Model in the Sweeney Chevrolet Buick GMC Series, racing isn't just a lifelong dream; it's a lifelong dream that just might save a life someday.

"I grew up in the central part of the state (Pennsylvania), around DuBois," said Emerick. "So I grew up watching Late Models." He had a dream to race Late Models and was sure he would someday. But when he moved to Transfer, Pa. (near Greenville), the tracks running Late Models weren't exactly close by. "They weren't in this part of the state when I came out here so that's how I got to working on Sprints and Modifieds."

After a number of years of working on the Big-Block Modifieds of Guy Griffin and Andy Paden, Emerick decided it was time to go Late Model racing. "When they started making their presence out here in the crates, I was like 'I gotta do this or I'm never going to do it'. Kind of one of those deals where I wake up 70 years old and say 'I wish I would have' kind of thing."

So off Emerick went into the world of Late Model racing at age 39 with no help, no crew and no real knowledge of the cars. "I just bought a Late Model because I always liked them growing up. I didn't know a thing about them, but I thought, 'You know everything else has come pretty easy, I'll catch on to this too.' It's been a world of difference!"

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LON EMERICK- A RUSH LATE MODEL DRIVER RACING OUT OF THE DARKNESS CONT'D.

Even though the learning curve on the Late Model car was a rather steep one for Emerick, he credits Guy Griffin for a lot of his knowledge. "He taught me a lot about how to run a race team," Emerick says of Griffin; "How to do weekly maintenance, how to have a schedule and stick to all that stuff. The things I learned from him, I use now."

But that doesn't mean it has come easy to Emerick. "It's now just trying to figure out these cars; they're so different from anything I've ever touched. I don't work with anybody; I do this all by myself- in the garage, I pull it to the track myself, unload it myself, and drive it. Trying to learn how to drive it and set it up and do all this stuff all by yourself with very little help has been a real challenge."

Emerick has found that with time, the help has started to come. And in keeping with the normal narrative of racing, it has come from within his own competitors. "Will Thomas and the Ruffos have been real nice; Steve Burns and Randy Snider have helped me out a ton by helping me make bodies. Matt and Tim Latta of Latta Brothers Racing have been very helpful to me as well. Matt drove my car at a test last summer to try and help me get a better set up in it. His brother and crew chief Tim rebuilt my transmission for me this year."

So for a guy who grew up watching Super Late Models in central Pennsylvania, what drew him to the crate engine Late Model and specifically the RUSH Series? "I wanted to race Late Models, and I'm a school teacher so I'm not going to go race Super Lates. I don't have $30,000 for an engine and another $10-12 thousand for a car and the trailer and all the stuff that goes with it. This seemed like an affordable way to go fast and race a car that I wanted to race because you don't have to have a ton of money to win. I still believe that I have what I need to win if I had a little more smarts and a little more practice."

Emerick's story may well have a happy ending in his racing career as time and experience pile up, but for him earlier in life it certainly wasn't a happy beginning. In reference to the first line of this story, Lonnie Emerick was in a serious crisis. That crisis was related to his severe depression, one of the most prevalent mental health issues in this country. In fact, perhaps more important to Emerick than picking up that first checkered flag is raising awareness to a disease that affects the lives of millions in this country; truth is, he dedicates his racing career to it.

"The 'Stamp out Stigma' program started with Value Behavioral Health; it's a program to get people to realize to try to remove the stigma from mental illness," explained Emerick. Emerick knows from personal experience how life can change, not only for the person suffering from a mental health condition, but those around that person. "So for that reason people don't go get help; and they don't tell people that they're having problems."

"If people find out you're being treated for mental health issues, whether it's Bi-Polar or depression or schizophrenia or any of that stuff, what do people automatically think? You're violent, you're nuts; you know these are all stigmas attached to that."

LON EMERICK- A RUSH LATE MODEL DRIVER RACING OUT OF THE DARKNESS CONT'D.

This is where the sponsors that adorn Emerick's car come into play. Organizations such as Value Behavioral Health, Community Counseling Center, United Way of Mercer County, Sharon Regional Health System, UPMC Horizon and The Primary Health Network work in the mental health field not only to treat those who suffer from the disease, they work to get those who need help to the proper mental health care program.

"The fact that it's a sickness that can be treated like a cold is sad," says Emerick of those that don't step out and seek help. "The reason that it's near and dear to my heart is that I went through a serious depression where I wanted to kill myself about 10 years ago." For him, knowing that there is help drives him to bring awareness to others who need help, but have yet to seek it. "Being on the other side of it now; I remember it, feeling so bad about yourself that you deserve every worse thing you can think of. You don't even deserve to breathe. It's a terrible place that I would wish on no one to be."

So with his mental health issues under control, but knowing that there are so many others out there that need help and either won't get it, or simply don't know where to turn, Emerick is trying to turn his experiences into ways to help others suffering the same things he did. He chose to use his race car and his racing as the vehicle (pun intended) to get the message out that there is help.

"I guess I started thinking, I have this platform to use; the racing thing," continued Emerick. "Whether you do well or not, people that know you think it's cool that you're racing. Your name gets around even if you're not very good. So I thought, 'Instead of using this platform to advertise beer distributors or pizza shops, I thought I would use it to help somebody get through something.' I remember going to races, sitting there, half watching the race, half feeling bad about things; wondering if I'm going to go home tonight or...." Emerick's voice trails off thinking about what might have been when he was in the situation dealing with the depression.

Emerick goes on to talk about how what he is doing might have a positive impact on someone else in the same struggle. "If there's one or two people sitting at the races every week that are feeling like that, maybe they'll see this, maybe they'll get help. Believe it or not in the last two years since I've been doing this, I've been approached by people who heard about this program and saw my car. They will ask me about my own story or how can they get help or what should they do. It's that kind of stuff that makes me more strong about it."

Part of the stigma that Emerick tries to deal with is helping folks who need the help but simply won't come out of their own shadows seek help. When he is approached by someone looking for some help or direction, it is not while they are in a crowd of their peers. In fact they are nearly always alone. "No one has ever talked to me about it when there's other people around. And the couple people that have, it's been in private. Like, they will be kind of hanging around, keeping an eye on me waiting to get done with whatever I'm doing and then they will approach me when I'm not engaged with someone and we'll talk. I know how they feel 'cause I've lived it."

"Instead of using this platform to advertise beer distributors or pizza shops, I thought I would use it to help somebody get through something."

LON EMERICK- A RUSH LATE MODEL DRIVER RACING OUT OF THE DARKNESS CONT'D.

In the end, Emerick's goal is to simply bring people suffering as he was to come out of that dark place, shed the stigma that unfortunately is associated with mental illness and understand that it's not only okay, but imperative to seek help. "The more people realize that you're not violent, you're not crazy, you're not broken; that it's okay to get help. And it works." That awareness and understanding of the problems he has dealt with is what drives him to continue this mission. "That's the goal of it all. To get people to realize that it's okay, there's help available, and it works. You can get better."

During the writing of Emerick's story, the entertainment world lost one of its brightest when Robin Williams took his own life after battling depression for decades. When asked if the Robin Williams death affected awareness of mental health issues, Emerick emphatically said yes. "It's sad but sometimes it takes the death of a famous person for people to have their eyes opened to different issues in society. If you read any message boards after the Robin Williams articles you'll see many examples of stigma as well and it is no wonder people are afraid to seek help sometimes. People can be brutal in their judgment of others. It's also very clear just how much the general public does not know about mental health issues like depression. My heart goes out to those who are dealing with it now and I pray that this article and my car will help at least one person get help in the future. I know it has already but I'm greedy and I want more!"

Lon Emerick has had a life experience that not all of us will understand. But beyond the depression, beyond the illness and his awakening to the fact that there is help for him and others like him, there was another aspect of his experience that we can all learn from. That is, the way that we as humans tend to retract from each other when another of us has an issue that is seen as mysterious or even thought of as dangerous. This reaction from his friends complicated an already bad situation. But like the rest of his life, he has figured out how to deal. Because this is such a sensitive subject and he handles it in such a unique way with a Dirt Late Model race car, I have asked Mr. Emerick to write the final paragraph of his story.

"One of the biggest things for me to deal with besides the depression itself was how many people I thought were "friends" that distanced themselves or completely abandoned me in my hour of need while I was going through this. That hurt me greatly at the time. But through my work with my counselor I realized that people like that were never friends anyway. There were only a handful of people that stuck around and offered me a helping hand. They are still friends of mine today."

"I tell people when they ask, I don't have a lot of friends, I have acquaintances. I feel like a lot of people don't realize how few of their "friends" will actually stick around and get their hands dirty to help them out when the chips are down and it's not easy to be there anymore. The ones who do are the true friends and they should be valued. Having depression isn't like being in a bad mood for a week and it's OK again you know? Mine lasted for years and I wasn't easy to be around. I don't think anyone I race with knows this about me either so I'm a little nervous about what they will think but in the end it's about helping another person avoid going through something similar to what I did, not what anyone else thinks about me."

"My heart goes out to those who are dealing with it now and I pray that this article and my car will help at least one person get help in the future."

LON EMERICK- A RUSH LATE MODEL DRIVER RACING OUT OF THE DARKNESS CONT'D.

"I'm happy and comfortable with myself so anything negative that others might think due to their own personal beliefs or stigma won't bother me a bit. The feeling of helping someone reclaim their happiness is much greater than any other so I'm going to keep on doing it and spreading the word through racing as long as I'm fortunate enough to be able to. And when that's over I'll find another way. Honestly though, I'd like to do it through racing for many more years as I can. I can't think of a more fun way to do it!"

At the time of this writing, Lonnie Emerick holds a respectable sixth place in the RUSH Late Model standings at Sharon Speedway. He may never raise a checkered flag or hold a championship trophy, but to those that his efforts have helped or will help, he is already a champion.

For those wishing to contact Lon Emerick, he can be reached at lemerick3@hotmail.com.

This September 17, 2014 article was written by Jim Zufall and can be found at http://rushlatemodels.com.

"The feeling of helping someone reclaim their happiness is much greater than any other ..."

Save the Date: EASNA's 2015 EASNA Institute, April 22-24, Hilton Clearwater Beach Hotel, Clearwater, FL

The Employee Assistance Society of North America will hold its next annual conference, April 22-24, 2015 in Clearwater, FL. Registration will open in January. Room reservations are now being accepted at the host hotel, the Hilton Clearwater Beach Hotel.

The Institute offers two days of creative presenters and panelists who will deliver interactive and advanced-level sessions that demonstrate best practices and leadership trends in EAP. This year EASNA will offer a mix of plenary sessions, breakout sessions, and dynamic sessions in the form of rapid fire presentations.

Your registration will include a welcome reception, two continental breakfasts, a seated lunch and a boxed lunch. Registrants will arrive on April 22, unless they choose to attend the one-day Pre-Institute on April 22. Details for that event, which requires a separate registration fee, will be announced in January.

For additional details and links to the registration page and hotel reservation page, visit the Institute website: http://www.easna.org/conferences/.

IMPORTANT NOTICE FOR CALIFORNIA PROVIDERS REGARDING MALPRACTICE LIMITS

Effective at your next recredentialing

Malpractice Limits Change for In-Network, Non-Prescribing Providers in the state of California

Effective with your next recredentialing period, malpractice limits for in-network, non-prescribing participating providers in the state of California will change. The new malpractice liability limits for non-prescribing providers will be $1 million per occurrence and $3 million aggregate for those providers currently in the ValueOptions®' network.

Providers may contact the ValueOptions' Provider Service Line at 800.397.1630 with any questions about this change.

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. Our newsletter includes 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

The 2014 newsletter is available on the ValueOptions web site at www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm. If you do not have Internet access, please call 866.719.6032 to request a copy.

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

NORTH CAROLINA ENGAGEMENT CENTER-QUALITY IMPROVEMENT INITIATIVE

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. This negatively impacts quality of life and contributes to premature death.

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

Baseline monitoring measures should be obtained before (or as soon as clinically feasible) 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

"Considerable evidence indicates that mentally ill patients often do not receive adequate recognition, monitoring or care for their medical illnesses."

NORTH CAROLINA ENGAGEMENT CENTER-QUALITY IMPROVEMENT INITIATIVE CONT'D

Based on the 2013 annual provider treatment record audit review, the overall compliance for Medical Management indicators in 2013 with the threshold of 80 percent was not met for bipolar disorder and the schizophrenia guidelines.

Clinical Adherence Guideline Metabolic Monitoring Management	2012 Overall Score	2013 Overall Score
Bipolar disorder	41.5%	47.9%
Schizophrenia	44.2%	72.2%

ValueOptions has created a Metabolic Monitoring form for your use. To download a copy of the Metabolic Monitoring form, visit: **www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm**, scroll down to Metabolic Syndrome Monitoring. To view the Center for Disease Control (BMI) Calculator, visit: **www.cdc.gov/healthyweight/assessing/bmi/index.html**. If you do not have Web access, please contact the quality management department at **866.719.6032** to request a copy of the form.

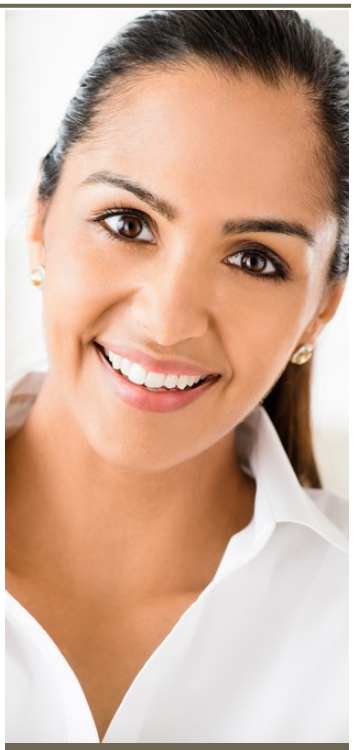
AMBULATORY FOLLOW-UP AFTER ACUTE INPATIENT CARE

Outcomes data shows that appropriate treatment and follow-up after inpatient hospitalization (FUH) can reduce the duration of disability and likelihood of re-admission. The ValueOptions® North Carolina Engagement Center (NCEC) clinical staff works with inpatient facilities to ensure appointments are set up prior to discharge. ValueOptions closely monitors ambulatory follow-up rates to increase this outcome for all ValueOptions members discharged from inpatient care.

The goal of the clinical staff is to assist members with acquiring the first available appointment. The expectation is to have the first appointment within seven days and a follow-up appointment within 30 days after an inpatient discharge. To ensure that appointments are kept, NCEC staff may reach out to either the practitioner's office or member directly. Success requires ongoing collaboration between the NCEC, facility, practitioner and member.

Interventions implemented for all members include:

- Intensive Case Management Program
    - Admission criteria expanded in 2013 to include two high-risk groups:
        - Adults ages 19-25 with a diagnosis of schizophrenia and an acute inpatient hospital admission.
        - Children with high-risk diagnoses and multiple inpatient admissions.
- Provider Collaboration Project, which continues follow-up discharge planning coordination to target high-volume facilities with a history of low follow-up rates.
- Aftercare coordinator, who continues to conduct outreach calls to facilitate timely follow-up appointments.



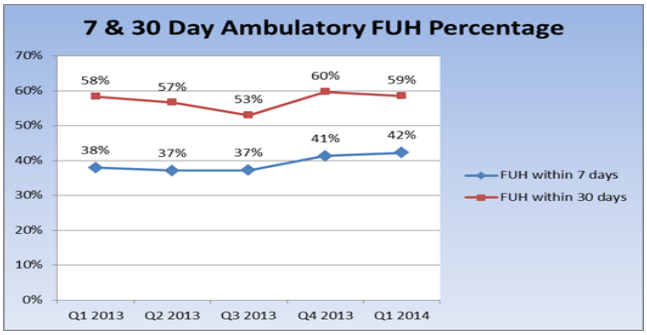
"To ensure that appointments are kept, NCEC staff may reach out to either the practitioner's office or member directly. Success requires ongoing collaboration between the NCEC, facility, practitioner and member."

AMBULATORY FOLLOW-UP AFTER ACUTE INPATIENT CARE CONT'D

- Health Alert, an IT application used across ValueOptions, which continues to be implemented. This tool is intended to increase aftercare follow-up rates for members post-discharge from an inpatient hospitalization. ValueOptions' Care Managers and support staff are able to prompt the system to place calls to members post-discharge to remind them of their follow-up appointments.

- Enhancements to ProviderConnect, that were implemented in Quarter 2 2014. One new enhancement allows a provider/practitioner to refer a member for case management services through e-enrollment. This offers care transitions via assistance of a case manager.

Ambulatory follow-up rates remained stable over the last year.



Ambulatory follow-up continues to experience some barriers in effectiveness, such as:

- Discharge reports not completed in a timely manner by providers/ practitioners (particularly incorrect or missing phone number and other contact information)
- Members decline to have appointments scheduled prior to discharge.
- Members forget to attend scheduled appointments. CareConnect system lacks a transition of care plan.

However, additional interventions have been put in place to address these barriers. These include:

- The CareConnect Care Transition sub-module was implemented in Quarter 3 2014. The workflow is being reviewed and updated at this time.
- Collaborative follow-up phone calls are being conducted between ValueOptions Engagement Centers to determine best practice and areas for improvement.
- ValueOptions Intensive Case Managers are conducting outreach to high-risk members to assist with appointment scheduling and encourage timely attendance of scheduled appointments.
- Ongoing collaboration with ValueOptions and client contracts to strategize options to improve overall ambulatory follow-up care after inpatient hospitalization.

"Ambulatory follow-up continues to experience some barriers in effectiveness. However, additional interventions have been put in place to address these barriers."

NORTH CAROLINA ENGAGEMENT CENTER'S INTENSIVE CASE MANAGEMENT PROGRAM

Intensive Case Management (ICM) is defined as a collaborative process for assessing, planning, implementing, coordinating, monitoring and evaluating options and services to meet an individual's behavioral health needs. Communications and available resources are used in conjunction with other strategies to achieve optimum member outcomes.

The Intensive Case Management Program offers the member post-discharge assistance in coordination with medical managed care delivery systems and individualized case management services, including patient safety education and monitoring and disease specific educational materials.

The ICM team evaluated the types of members admitted for intensive case management and determined the criteria for admission should capture high-risk members.

2014 targeted members based on a high-risk criterion or diagnostic category. Conditions identified with high-risk safety needs include those adults and children with the following criteria:

- Hospitalized with a major depressive or bipolar disorder and a co-existing medical diagnosis defined as Diabetes, Asthma or Cardiac condition
- Admitted frequently (three or more times in a 12-month period) to an inpatient facility by history and/or other high risk condition. A member is considered high-risk because of the instability of the condition, requiring multiple admissions by history, or because the previous treatment plan was ineffective in managing and sustaining outpatient treatment.
- A member with an inpatient medical admission and co-existing substance use diagnosis when referred by the health plan case manager.
- Pregnant with active substance use
- A member with an inpatient admission and an eating disorder diagnosis
- A member, age 19-25, with an inpatient admission and a diagnosis of schizophrenia

"The Intensive Case Management Program offers the member post-discharge assistance in coordination with medical managed care delivery systems and individualized case management services, including patient safety education and monitoring and disease specific educational materials."

REMINDER FOR THE EMPIRE PLAN:

As previously communicated, the Empire plan no longer requires prior authorization of routine outpatient mental health and substance abuse services, with the exception of psychological testing, outpatient electroconvulsive therapy, and transcranial magnetic stimulation. The 10 visit bypass model no longer applies.

If you have questions concerning the care management processes applicable to a particular Empire plan enrollee, please call (877) 7-NYSHIP (877-769-7447), option 3, Monday through Friday 8:00 a.m. to 8:00 p.m. ET.

HOW INTEGRATED DO YOU WANT YOUR PRACTICE? ANNOUNCING THE NEW INTEGRATED CARE TOOLKIT

ValueOptions® offers practical, feasible, on-the-ground solutions for an evolving healthcare landscape. One component of this landscape is an integrated care approach which includes attention to a person's behavioral, medical, and psychosocial needs. We support integrated care regardless of who it's for or where it takes place. Our goal is to equip providers to deliver the highest possible quality of care regardless of whether a person's needs are primarily behavioral, medical, or a combination of both.

"Our goal is to equip providers to deliver the highest possible quality of care regardless of whether a person's needs are primarily behavioral, medical, or a combination of both."

Although integrated care is emerging as a preferred service-delivery model, establishing an integrated care practice can be challenging. Challenges include exploring best practice options and how they fit within the parameters of the current office structure, a shortage of trained providers who can effectively work in integrated settings, and a lack of information about how to establish integrated practices that work in real-world clinical settings.

ValueOptions is pleased to announce a new integrated care toolkit designed to help practices transition to an integrated model. The Toolkit includes important background information as well as practical resources for meeting these challenges. Some of this information will be more useful for primary care practices seeking to add behavioral health services, whereas others will be more useful for mental health practices seeking to add primary care services.

The first step in establishing an integrated practice is asking the question, "How integrated is my practice," followed by, "How integrated do I want to be?" As the ONLY company of our kind to co-develop collaborative integration measurement tools with national experts, we are able to tailor our solutions to provider needs. For a quick assessment of your practice's integration level, please complete the Integrated Practice Assessment Tool (IPAT).

Questions regarding the Integrated Care Toolkit can be directed by email to our Integrated Care Customer & Product Strategy team at IntegratedCare-Toolkit@valueoptions.com. Additionally, providers can learn more about the Integration Care Toolkit by visiting http://www.valueoptions.com/company/Integrated.htm.

REDUCING THE RISK OF COMPLETED SUICIDES: SUICIDE PREVENTION RATING SCALE

Depression associated with suicide attempts and related self-injurious behavior is a major health concern. United States' data shows suicide as the 11th leading cause of death for all ages, one completed suicide occurs every 15 minutes. Center for Disease Control (CDC) reported that attempted suicide rates increased from 6.3% in 2009 to 7.8% in 2011; current data presents a small increase to 8% in 2013. The CDC reported that results from the 2013 Youth Risk Behavior survey indicated that 15 % of students in grades 9-12 seriously consider suicide and about 8% reported making at least one suicide attempt during the 12 months before the survey. Recent data also shows a connection with peer victimization, such as bullying, that increases suicidal behavior threefold.

The causes of suicidal behavior are multifactorial and complex. The goal of evaluating suicide is straightforward, reducing risk factors and promoting protective factors as well as continued monitoring for exacerbation. This is a major challenge for health care providers given numerous competing time demands and treatment concerns. ValueOptions® believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides for members in treatment.

Assessment of suicide risk became an increased issue both from a clinical and liability standpoint with the FDA's black-box warning of suicide risk with antidepressants used in children and adolescents. This resulted in an increased need to identify at-risk patients and contributed to additional research in the prevention and identification of suicide risk.

Several suicide severity scales have been developed to assist the clinician in conducting a formulation of risk. Nevertheless, one challenge in the use of suicide severity scales is dissemination of the scale after development.

One such scale is the C-SSRS (Columbia-Suicide Severity Rating Scale). This scale has demonstrated psychometric validity and reliability in both adolescent and adult populations. Information is available at http://www.cssrs.columbia.edu/. Rating scales for clinical practice including the military population are available. Scales address initial and ongoing assessment for suicide risk. Information regarding training (brief 30 minute slide presentation) is also available through the website.

Although there is no screening tool that can provide identification or risk with 100 percent certainty, it is essential that modifiable risk factors be identified and actions put in place in the treatment planning process to attempt to decrease the risk of completed suicide. Standardization of suicide risk assessment, especially in at-risk populations, can identify patients with greater frequency and is also protective from a medico-legal standpoint. ValueOptions would like you to consider utilizing the C-SSRS or another validated instrument scale as part of your suicide assessment. ValueOptions has been granted permission to post the C-SSRS on the ValueOptions website with permission to use. You can download the C-SSRS at http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm under the Suicide Prevention Tool Kit.

"Although there is no screening tool that can provide identification or risk with 100 percent certainty, it is essential that modifiable risk factors be identified and actions put in place in the treatment planning process to attempt to decrease the risk of completed suicide."

Medication Reconciliation

The Institute for Healthcare Improvement (IHI) defines medication reconciliation as the process of creating the most accurate list possible of all medications a member is taking including: drug name, dosage, frequency, and route and comparing that list against the physician's admission, transfer and/or discharge orders. The goal is to provide the correct medications to the member at all transition points. Electronic prescribing and the use of Electronic Health Record (EHR) provides greater ability to accurately reconcile medications.

More than 40 percent of medication errors are believed to result from reconciliation errors in transfers of care. It should be noted that 20 percent of these errors result in harm. Furthermore, outpatient records have been noted to have discrepancies in medication in 25-75 percent of the records.

JCAHO reports that 60 percent of medication errors are a result of communication failure. Contributing to this is poor self-management within the home, lack of understanding, confusion, low health literacy, and cultural barriers.

"More than 40 percent of medication errors are believed to result from reconciliation errors in transfers of care. It should be noted that 20 percent of these errors result in harm."

Medication Reconciliation includes:

- **Drug name**
- **Dosage**
- **Frequency**
- **Route**

Important steps for the practitioner:

1. Encourage members to maintain an accurate medication list and to bring this list with any updates to each appointment.

2. Assess and continue to monitor a member's understanding/knowledge and compliance with medication.

3. Compare member's list of current medications with the medications you have prescribed. Reconcile medication lists at all transition points such as movement from one level of care to another or when member is seeing multiple physicians to manage care.

4. E-Prescribing programs can allow access of medications prescribed by other providers; comparing this with your information is an effective method of medication reconciliation. If you E-Prescribe, check for this feature.

5. If you are participating in an EHR incentive program, medication reconciliation is a recommended meaningful use. Click here to view the CMS EHR incentive programs http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/. Contact your EHR vendor for implementation within your program.

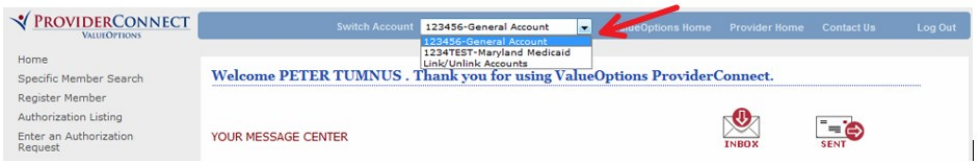
6. Members enrolled in the ValueOptions® North Carolina Engagement Center Case Management Program will discuss medications with their case managers. If there are any questions related to the accuracy of the medication list or a member's understanding, the case manager will contact you regarding the need for medication reconciliation. Your direction related to medication is essential to provide the best service to your member.

VALUEOPTIONS® CONTINUES TO ENHANCE PROVIDERCONNECT® CAPABILITIES

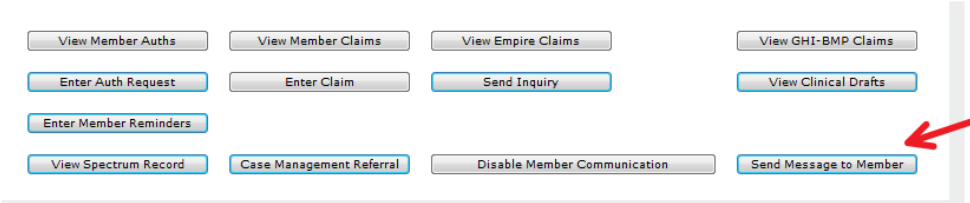
ValueOptions® is pleased to announce additional functionalities in ProviderConnect®. The September 2014 release included five ProviderConnect enhancements which will streamline provider processes for administrative procedures and clinical procedures.

These enhancements include:

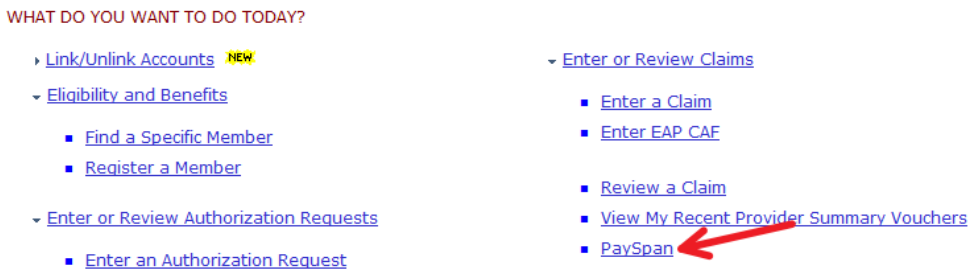
- ProviderConnect Account Linking: Allows users with multiple accounts to link them together and eliminate multiple logins.*



- Communication Tool: Allows providers to communicate with members through the ProviderConnect and MemberConnect portals.*



- PaySpan Link: Providers now have a link to PaySpan from ProviderConnect.



- Password Revision: Expanded the types of special characters that can be used in a ProviderConnect password.
- Compatibility Update: ProviderConnect is now compatible with Internet Explorer 9 and 10.

Further details regarding the above enhancements are summarized in the ProviderConnect User Guide. If you have specific questions or concerns, you can also contact the EDI Helpdesk at 888.247.9311 between 8 a.m. and 6 p.m. ET or by email to e-supportservices@valueoptions.com.

*Note: Not available for Military OneSource

"The September 2014 release included five ProviderConnect enhancements which will streamline provider processes for administrative procedures and clinical procedures."

UPCOMING WEBINARS

An Overview of ProviderConnect
Provides a high level overview of the platform and a detailed look at direct and batch claim submission, authorizations and role-based security.

Date	Time	Registration Link
Thursday, November 13, 2014	Noon - 1:00 p.m. ET	https://www2.gotomeeting.com/register/432221770

Authorizations on ProviderConnect
Provides a detailed demonstration of the authorization process using Provider-Connect.

Date	Time	Registration Link
Thursday, November 20, 2014	1:00 p.m. – 2:00 p.m. ET	https://www2.gotomeeting.com/register/552858122

Introduction to *On Track* Outcomes

Provides 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
Tuesday, November 11, 2014	2:00 p.m. – 3:00 p.m. ET	https://www2.gotomeeting.com/register/759742962

ValueOptions Presents "Giving Value Back to the Provider"

Introduces and discusses new exciting initiatives for providers and familiarizes you with administrative, procedural and general information about ValueOptions.

Date	Time	Registration Link
Thursday, December 4, 2014	2:00 p.m. – 4:00 p.m. ET	https://www2.gotomeeting.com/register/725166450
Friday, December 5, 2014	11:00 a.m. – 1:00 p.m. ET	https://www2.gotomeeting.com/register/237068874