

April 2015

VALUED PROVIDER eNEWSLETTER

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BEACON HEALTH OPTIONS: THE ROAD AHEAD BRAND IMPLEMENTATION

As you know, at the very end of last year, ValueOptions merged with Beacon Health Strategies, and our combined company is called Beacon Health Options. Moving forward in 2015 and beyond, we are very excited to bring our service offerings together and deliver expanded capabilities to provider partners like you, our clients and most importantly the individuals we serve.

In selecting Beacon Health Options as our new corporate name, we essentially combined the name of the two legacy companies as recognition of where we come from. At the same time, our new corporate logo is more reflective of where we are going as a company. The new name and logo are important components to who we are as a combined company and who we want to be.

With that in mind, we are beginning to plan for the implementation of this new branding across all corporate functions. In the weeks and months to come, we will develop and execute a staged implementation strategy to accomplish our dual goals of rebranding our company while eliminating any potential confusion for you, our clients and our members. At this time, we want to take this opportunity to offer some broad strokes regarding our implementation strategy:

- ValueOptions will continue to exist as a legal entity, and we have no plans at this time to modify our contract with you or with our clients. We are filing the necessary applications for ValueOptions to legally "do business as" Beacon Health Options.
- In the same way we are notifying you with this communication, we are also reaching out to clients to inform them in a similar fashion. We are developing a rebranding plan that centers around provider operations and will start implementation in the coming weeks.
- Beginning in the second quarter we will rebrand items that you as the provider see, but are not seen by the individuals we serve. This includes things like the way we sign our email, any reports we deliver to you, training webinars, and other materials that you may see in daily interactions with us.
- Clients will be provided with language they can use to communicate the upcoming branding change to members. These communications will let members know that this rebranding will happen in the months to come, and that there is no change to the way they contact us or in the way we will interact with them. We will let them know that you, our providers, have started to see this change, so if you mention it to the member, there is no cause for alarm.

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



BEACON HEALTH OPTIONS: THE ROAD AHEAD BRAND IMPLEMENTATION (CONT'D)

- Once we have effectively communicated to all stakeholders, we will move forward with implementing our operational implementation strategy companywide. We'll change benefit promotional materials, administrative correspondence and anything else that you and members may see.
- We will transition these materials in a staged fashion, so there may be some comingling of the ValueOptions and Beacon Health Options branding. Throughout this implementation, we will err on the side of over communication to ensure there is no confusion.

These are somewhat broad strokes regarding the implementation strategy with more details to come. You can expect to see some administrative rebranding changes in the weeks to come, and as we firm up our tasks and timelines for transitioning contracting materials and correspondence and continue to communicate those plans to you.

This is an exciting time for our company. We see this rebranding as an opportunity to bring to bear the best of both companies in delivering better service to you and the individuals we serve. As we move forward with the rebranding implementation, we'll keep you posted on a regular basis. We look forward to our continued work together in the months and years to come.

“This is an exciting time for our company. We see this rebranding as an opportunity to bring to bear the best of both companies in delivering better service to you and the individuals we serve.”



MENTAL HEALTH AND ALCOHOL USE DISORDER

Alcohol use disorder and mental illness often occur at the same time. People with mental health problems are more likely to abuse alcohol. And, people who abuse alcohol are more likely to have mental illness. According to the National Alliance on Mental Illness:

- Nearly 50 percent of people with severe mental disorders are affected by alcohol or drug use.
- Thirty-seven percent of people with alcohol use disorder also have at least one serious mental illness.

When a person abuses alcohol and has a mental illness, he is said to have a co-occurring disorder. Most people do not realize this and suffer unnecessarily. Many try to make their symptoms go away by drinking more alcohol or using street drugs.

Self-medication

Anxiety and depression are the most common forms of mental illness. Many people with depression and anxiety use alcohol to feel better. Alcohol affects the same part of the brain that controls our moods. When a depressed or anxious person drinks, she feels better. But this is only for a short while. After the alcohol wears off she usually feels worse. So she drinks again and the self-destructive cycle continues.

Common signs of depression:

- feelings of helplessness and hopelessness
- loss of interest in daily activities
- inability to experience pleasure
- appetite or weight changes
- sleep changes
- loss of energy
- strong feelings of worthlessness or guilt
- concentration problems
- anger, physical pain and reckless behavior

Common signs of anxiety:

- excessive tension and worry
- feeling restless or jumpy
- irritability or feeling "on edge"
- racing heart or shortness of breath
- nausea, trembling or dizziness
- muscle tension, headaches
- trouble concentrating
- trouble sleeping

Treatment

If you or someone you care about has a co-occurring disorder, know that help is available for those who want it. Talk to your doctor as soon as possible. You won't feel any better until you get help.



"Most people do not realize this and suffer unnecessarily. Many try to make their symptoms go away by drinking more alcohol or using street drugs."

MENTAL HEALTH AND ALCOHOL USE DISORDER (CONT'D)

Combined treatment is best

In the past, people with co-occurring disorders were treated for only one condition. The results were not as helpful as treating both. Consider this example:

Luis, a 41-year-old man with a wife and three children, sought help for his alcohol problem. He attended an outpatient treatment program and went to Alcoholics Anonymous (AA) meetings every day. After three months of treatment he was sober but also very depressed and unhappy. He soon relapsed. This time, his doctor recognized the depression and started Luis on medication. After a month, Luis was feeling better than he had felt in years. He continues going to AA meetings and sees his doctor every few months to manage his medication.

The best chance of recovery from a co-occurring disorder is to treat both problems at the same time. Treatment usually includes counseling, peer support and sometimes medicine.

People with co-occurring disorders are more likely to relapse because of their mood changes. Sticking to the plan and following all treatment recommendations is the best way to avoid relapse.

Peer support

Peer support from those who have successful life experience dealing with behavioral health problems like substance use and mental illness reduces the risk of relapse. Self-help support groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) provide encouragement and accountability. There are also local support groups for people with mental illness and their family members. The National Alliance on Mental Illness can help you find a local group.

Resources

- Alcoholics Anonymous (AA): www.aa.org
- Narcotics Anonymous (NA): www.na.org
- National Alliance on Mental Illness: www.nami.org

By Drew Edwards, Ed.D. M.S.

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**Please refer to member benefit plan to confirm covered services.*

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RECOGNIZING SIGNS OF AUTISM SPECTRUM DISORDER

How will I know if my child has autism spectrum disorder?

Most children start showing signs of autism spectrum disorder between the age of 18 months and 3 years. Health care professionals urge parents to be on the lookout for possible signs of autism at any age. The earlier, the better, when it comes to helping a child with a developmental problem.

If there is a chance a child is not developing normally, parents should try to get a diagnosis and treatment as early as possible.

Skott Freedman, a speech pathologist specializing in treating people on the autism spectrum, is a dedicated believer in starting a treatment program early in toddlerhood. "It makes a big difference in the long run," he says. "The average age of diagnosis is 4.5 years. The ideal age is 18-20 months, before the child has a chance to develop a lot of bad habits."

Here are some symptoms to watch for:

- Does not respond to his name
- Shows poor or no eye contact with others. No peek-a-boos or return smiles.
- Little or no interest in interacting with adults or other children.
- Repetitive behavior, such as rocking, running in circles or getting stuck on a word.
- Uses few or no complete words by age two.
- Makes odd physical movements, such as arm flailing or walking on tiptoes.
- Has severe temper tantrums or episodes of fearfulness. Afraid of storms or crowds.
- Has little interest in playing with toys or games.
- Fixation on a single item, sound or movement.
- Super sensitivity to temperature, sound or light. Does not want to wear shoes or clothes. Can't stand certain lights or sounds.
- Needs to have things placed in a certain order.
- Cannot handle any change in routine.

These are signs that a child may have an underlying physical problem getting in the way of learning language and social skills. With a lot of help from parents and a child's school system and community, a child on the autism spectrum can learn how to overcome some of these physical problems. This will take time and energy, but the reward can be great.

"The differences we see in children who get intervention as toddlers or preschoolers are immense," says speech pathologist Sherry Sancibrian. "It's so important to start working with autistic children immediately."

She tells families that suspect their child has autism spectrum disorder to look at a trusted website for information, including those listed at the end of this article. They will answer many of your questions and help you decide what to do next.

"I worry that autism is a little like cancer to the public," Sancibrian says. "People don't want to think about it. But, it's so important to act quickly. Get help as soon as you think there might be a problem." She warns, "You have to be willing to reach out for help from all the resources there are available. Autism is not something you can manage on your own." Early intervention leads to better outcomes.

"With a lot of help from parents and a child's school system and community, a child on the autism spectrum can learn how to go around some of these physical problems. This will take time and energy, but the reward can be great."

RECOGNIZING SIGNS OF AUTISM SPECTRUM DISORDER (CONT'D)

If you decide to seek help, start observing your child carefully and take notes on what you see. Mark developmental milestones (first steps, first words) on your calendar or keep a diary. Keep notes on what your child does on a typical day, and record anything unusual that might happen on other days.

You are the expert when it comes to your own child. Share what you know with your pediatrician and any specialist you go to for help.

Write down answers to some of these questions and take your answers with you when you talk to your doctor:

- How does your child handle problems?
- What makes you think she does or does not hear you?
- What frightens him?
- How do you calm him down?
- How does she like to spend her time?

Asha Asher, a pediatric occupational therapist and special education teacher with many years of experience working with children who have autism in several countries, reminds parents to be patient and gentle. Don't push. You and your child have nothing to be ashamed of, when it comes to this disability. Remember, you did nothing to cause autism spectrum disorder. And, you can't wish it away. If you push your child to do more than he can do, you will only make him more anxious or afraid.

"Life is very hard for autistic children," she says. "Nobody chooses the body they are born with. Respect your child and know that he is doing his best."

Resources

- National Institute of Child Health and Human Development: www.nichd.nih.gov
- Symptoms of autism - The Mayo Clinic: www.mayoclinic.com/health/autism/
- Signs of autism - autismspeaks.org: www.autismspeaks.org/what-autism/symptoms

By Paula Hartman Cohen

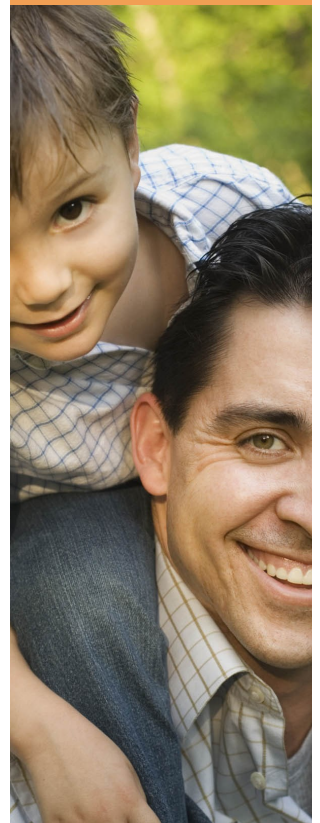
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Source: Asha Asher, M.A., pediatric occupational therapist and special education teacher, Sycamore Community Schools, Cincinnati, OH; Skott Freedman, Ph.D., child language development and disorders specialist, Ithaca College, Ithaca, NY; Sherry Sancibrian, M.S., associate professor and program director Speech-Language Pathology and an investigator for the Burkhart Center at the College of Education, Texas Tech University Health Sciences Center School of Allied Health Sciences, Lubbock, TX

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*Please refer to member benefit plan to confirm covered services.

"Life is very hard for autistic children. Nobody chooses the body they are born with. Respect your child and know that he is doing his best."



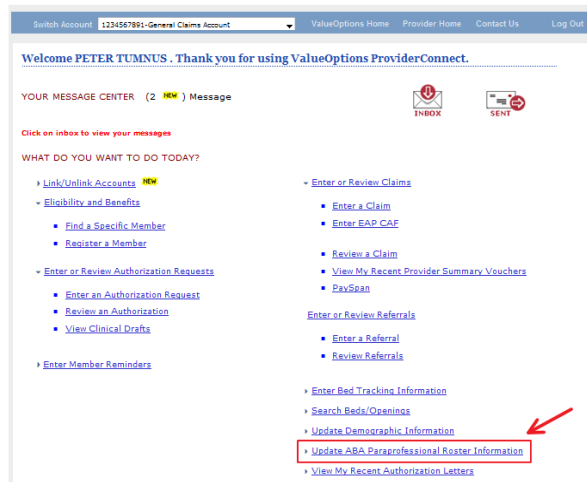
ABA: UPCOMING CODING CHANGES

The American Medical Association (AMA) recently published CPT® Category III temporary codes for Adaptive Behavioral Assessments & Treatments. The AMA publishes temporary codes to allow for data collection for emerging technology, services and procedures. These "temporary codes" were published with the AMA's intention that they be used beginning on July 1, 2014. ValueOptions will move towards the new coding system effective July 1, 2015.

ValueOptions is committed to ensuring this change is implemented thoughtfully. Our goal is to provide you with important information about how we will move forward effective July 1, 2015 with the new codes that have been established for use in lieu of the current coding. We will be conducting trainings to review the new 2015 ABA CPT codes in the month of June. These dates will be published on our webinar calendar and in future newsletters and we encourage ABA providers to attend one of these sessions.

NEW: ABA PROVIDERS CAN NOW UPLOAD PARAPROFESSIONAL ROSTERS TO PROVIDERCONNECT

ABA providers can now upload a paraprofessional staff roster directly to ValueOptions through our online portal, ProviderConnect. This enhancement gives you the ability to ensure your paraprofessional staff information is accurate in our system. To begin, log in to [ProviderConnect](#) and follow the path from the ProviderConnect Homepage to download the roster template as shown below.

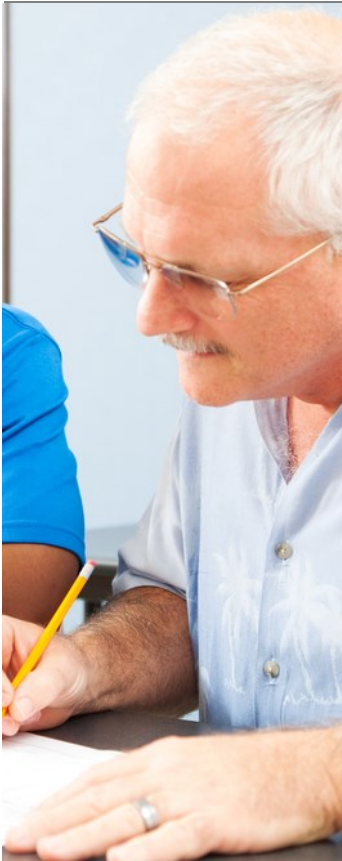


BILLING CODE UPDATE FOR PRESCRIBERS: M0064 DISCONTINUATION

As of January 1, 2015, the HCPCS code M0064 was discontinued by CMS (Centers for Medicare and Medicaid Services) with no direct replacement code. If you aren't already, you should now bill using E&M codes with psychotherapy add-on codes as clinically appropriate.

If you have any questions regarding this matter, please contact your local [Regional Provider Relations Team](#) or our National Provider Service Line. They can be reached Monday through Friday from 8 a.m.- 8 p.m. ET at (800) 397-1630.





NORTH CAROLINA ENGAGEMENT CENTER QUALITY INITIATIVE: AMBULATORY FOLLOW-UP AFTER ACUTE INPATIENT CARE

Follow-up care after discharge from an acute care setting is vital to optimal clinical outcomes. An outpatient visit with a mental health practitioner post discharge is recommended to insure the patient's successful transition to the community and that gains made during hospitalization are not lost. Timely follow-up care assists members with integration of treatment plan goals and helps healthcare providers monitor the effectiveness of prescribed medications.

ValueOptions North Carolina Engagement Center (NCEC) clinical staff continue to work with inpatient facilities to set-up appointments prior to discharge.

The goal of the clinical staff is to assist members in 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 insure that appointments are kept, NCEC staff may reach out to either the practitioner office or member directly. Success requires ongoing collaboration between the NCEC, facility, practitioner and member.

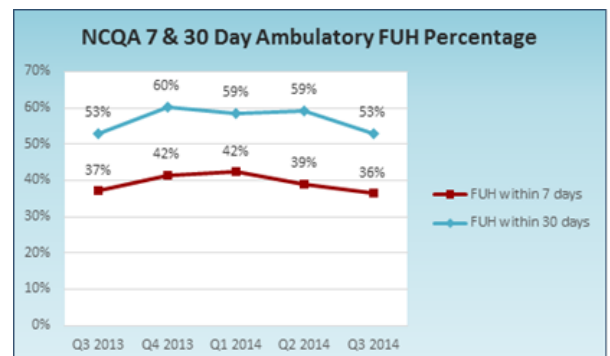
Interventions implemented for all clients in prior years continue:

- Health Alert, an IT application used across ValueOptions, increases the 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.
- Our provider collaboration project targets high-volume facilities with a history of low follow-up rates for increased vigilance by follow-up coordination related to discharge planning.
- Aftercare coordinator conducts outreach calls to facilitate timely follow-up appointments.

Newer interventions include:

- MemberConnect portal enhanced to allow case management self-referrals.
- ProviderConnect portal enhanced to allow case management provider referrals.
- Care Transition sub-module added to CareConnect. This manages care transitions from higher levels of care to the community with a supportive transition care plan that the member receives at the point of exit.

ValueOptions closely monitors ambulatory follow up rates to increase the rate of follow-up for all ValueOptions members discharged from inpatient care. Ambulatory follow-up rates have remained stable over the last year.



DID YOU KNOW?

Training is one of the seven elements of an effective compliance program. In order to help meet the training needs of providers, we have developed a presentation focused on:

- History of fraud, waste and abuse laws and requirements
- Examples of current audit activities
- How to prepare for an audit
- Basic documentation requirements

We encourage you to visit the training section on our [Fraud and Abuse](#) page to review the latest information related to fraud, waste and abuse.

SAVE THE DATE: EASNA'S 2015 EASNA INSTITUTE, APRIL 22-24, CLEARWATER, FL

The Employee Assistance Society of North America will hold its next annual conference, April 22-24, 2015 in Clearwater, FL. Registration opened 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 which requires a separate registration fee.

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

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TIPS FOR EAP PROVIDERS

Life is challenging. The demands of work and home are stressful and can lead to lower work productivity, sickness and even job loss. Employee assistance programs (EAPs) offer an early intervention to identify issues and resolve them quickly and efficiently. Our EAP providers are an invaluable resource to our families and often represent the first line of community response during times of need or crisis. ValueOptions is committed to supporting our EAP providers and is happy to share some tips we hope you find useful as we move throughout the year. To view an archived version of our "EAP Core Technologies: Updating the Strategies" webinar or sign up for an upcoming session, click [here](#).

EAP & Minors

EAP authorizations for family issues are for the purpose of assessing and making recommendations for all family members. As such, the visits can be split among individual family members or used conjointly. When issues involve young children, we recommend an initial visit with the parents to determine whether a referral for a child care specialist is needed. This prevents the child from becoming attached to the EAP counselor and perhaps needing to change to a mental health counselor in the future.

As a general rule, we discourage older children or teenagers from seeing the same EAP counselor or mental health therapist who is providing services to a parent. In the midst of emancipation tasks, it is better if the young person has his or her own counselor to establish a unique relationship with this professional. In addition, it will avoid any perception or risk of information inadvertently bleeding from the child's session to the parent's session.

Referral Process

EAP referrals begin with participants calling their company's toll free number for Employee Assistance Services. The clinician in the ValueOptions' engagement center conducts an intake assessment and assures that there are no emergency or high risk situations which require higher level intervention. For situational issues when short-term EAP counseling is indicated, the clinician will offer a referral to a ValueOptions' network provider in the caller's local area. To avoid the member having to make another call, our standard process is to warm transfer the caller to a provider's office. The warm transfer often results in leaving a voice mail and ValueOptions' clinicians give two additional names in case an appointment cannot be scheduled with the original provider who receives the warm transfer. Messages left on voice mail must be returned within 24 hours – please respond quickly to help reduce all possible barriers for scheduling an appointment whenever a person has reached out for help.

As an EAP provider, the standard is to be able to offer an appointment within a 3-5 business day timeframe. You and the participant may agree upon an alternate time that is more convenient for your schedules; however, the initial appointment offered must be within 3-5 business days. Should you be unable to come to a mutually agreed upon time, please remind the participant that our staff at the toll free number can always assist with finding another EAP provider that would better suit their scheduling needs.

“Considerable evidence indicates that those with behavioral health diagnoses often do not receive adequate recognition or monitoring of care for their medical illnesses.”

ICD-9 TO ICD-10: COMING ATTRACTIONS

Background

On April 1, 2014, the President signed into law legislation passed by the House and Senate delaying ICD-10. The Centers for Medicare and Medicaid Services (CMS) has announced the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10 is October 1, 2015. ValueOptions plans to be in full compliance with CMS for coding rules as of October 1, 2015.

Both DSM and ICD codes are used for diagnosis, but per HIPAA, ICD must be used for billing purposes. DSM-5 utilizes ICD-9-CM and ICD-10-CM coding depending on the date of service. The move from ICD-9 to ICD-10 is a rather large change. Some highlights include:

- The number of characters are increasing from 3 to 5 characters to 7 characters
- Codes can be alpha or numeric on any character
- The number of codes is growing from approximately 14,000 to 69,000 codes
- The concept of one to many is introduced with the possibility of a single ICD-9 code now having multiple ICD-10 codes and descriptions
- Some concepts will be retired – an example is substance dependency where dependency is replaced by use and specific substances are documented vs. polysubstance

Overall, by using ICD-10, documentation should improve.

Summary of ValueOptions' Plan:

Clinical Implications

For authorization purposes, the ICD coding that can be used for requesting authorization of services is determined by the effective start date of the authorization request. If an authorization has a requested start date on or before October 1, 2015, the coding available for use in the system is ICD-9 format. All authorization requests with requested start dates on or after October 1, 2015 will be formatted using ICD-10 format. Authorizations can span the cross-over date; it is not necessary to put in separate requests for dates prior to October 1st and then October 1st and later – any authorization started before October 1st will be accepted in the system using ICD-9 coding.

Claims Implications

For purposes of claims payment, the correct ICD diagnosis coding should be utilized based on the date of service. For dates of service prior to October 1, 2015, the ICD-9 coding format should be utilized. For dates of service October 1, 2015 and later the ICD-10 diagnosis coding should be the format utilized. Claims will need to be split between these two dates if submitting for a range of dates. This applies to all claims regardless of the method of submission.

Resources

ValueOptions will continue to provide ICD updates to keep our provider community informed throughout the year through our provider [Spotlight](#), the [ValueOptions provider newsletter](#), webinars (beginning second quarter), [FAQ document](#) and training guides. We will post training dates once available and encourage providers to register for and attend a session for more information related to the ICD-10 coding transition. If you have additional questions please call the ValueOptions Provider Services Line at (800)397-1630 between 8 a.m. to 8 p.m. ET, Monday – Friday.

“If an authorization has a requested start date on or before October 1, 2015, the coding available for use in the system is ICD-9 format. All authorization requests with requested start dates on or after October 1, 2015 will be formatted using ICD-10 format.”

NEW HIGHER LEVEL OF CARE SCREENS IN PROVIDERCONNECT

We continue to listen to our provider feedback and have updated the screens for higher level of care authorizations. Our goal was to streamline the process, eliminate many of the checkbox fields and allow for more free text areas on the pages to allow for providers to give more specific details that impact the authorization request.

On March 28th, we introduced new pages which allow free text to better explain the following fields:

- Symptomology
- Primary Issues/Symptoms Addressed in Treatment (shown below)
- Recovery and Resiliency

The Symptom Complex fields shown below allow you to clarify treatment needs based on the symptoms the individual is exhibiting versus focusing solely on the diagnosis:

Primary Issues/Symptoms Addressed in Treatment

Symptom complexes are utilized for gathering clinical information specific to the primary behavioral diagnosis and/or risk. At times more than one complex may be identified for completion. Providing all the requested information in the identified complex(es) will assist in completing the authorization process and determining medical necessity. If this is a concurrent request, please update the identified complexes with any new information for each complex based on the individual's current symptomatology.

▼ Danger to Self Symptom Complex

▶ Narrative Entry (450 of 4000)

PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY; DESCRIBE ANY ATTEMPT, RESCUE, SELF-RESCUE, LETHALITY, MEDICAL TREATMENT RECEIVED):
 IDEATION:
 PLAN:
 INTENT:
 MEANS:
 BASELINE (INCLUDE ANY SUICIDALITY, PARASUICIDALITY OR SELF-INJURIOUS BEHAVIOR AT BASELINE):
 DESCRIBE ANY HISTORY OF ATTEMPTS:
 TREATMENT HISTORY:
 ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):
 OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

▶ Danger to Others Symptom Complex

▶ Psychosis Symptom Complex

▶ Child/Adolescent Behavior Symptom Complex

▶ Eating Disorder Symptom Complex

▶ Neurocognitive Symptom Complex

▶ Substance Use Symptom Complex

▶ Mood Disorder Symptom Complex

The number of pages has also been reduced from nine pages to three. Additional training can be accessed through our "[Authorizations in ProviderConnect](#)" and "[ProviderConnect Enhancements](#)" webinars as well as in the "[How do I submit an Inpatient or Higher Level of Care Request](#)" video tutorial.

Our goal is to make web-based authorization requests flow more efficiently for our provider community. In addition our hope is to decrease the time spent in data entry as well as in follow-up phone conversations to clarify information.

"Our goal is to make web-based authorization requests flow more efficiently for our provider community. In addition our hope is to decrease the time spent in data entry as well as in follow-up phone conversations to clarify information."



UPCOMING WEBINARS

ProviderConnect

These webinars are designed to review our ProviderConnect system and support the E-Commerce Initiative for network providers.

An Overview of ProviderConnect

Date	Time	Registration Link
Thursday, May 14, 2015	3-4 p.m. ET	Register Here!

ProviderConnect Claims

Date	Time	Registration Link
Thursday, May 7, 2015	2-3 p.m. ET	Register Here!

Authorizations On ProviderConnect

Date	Time	Registration Link
Wednesday, May 20, 2015	2-3 p.m. ET	Register Here!

ProviderConnect Enhancements

Date	Time	Registration Link
Thursday, April 9, 2015	11 a.m.-12p.m. ET	Register Here!

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
Thursday, April 16, 2015	1-2 p.m. ET	Register Here!

EAP Core Technologies: Updating the Strategies

Provides enhanced awareness of EAP Core Technologies and helps providers deliver optimal EAP services to our clients, their employees and dependents.

Date	Time	Registration Link
Tuesday, April 7, 2015	1-2 p.m. ET	Register Here!

Giving Value Back to the Provider

This forum will introduce and discuss the new exciting initiatives for providers and familiarize you with administrative, procedural and general information about ValueOptions.

Date	Time	Registration Link
Thursday, June 4, 2015	2-4 p.m. ET	Register Here!
Friday, June 5, 2015	11 a.m. –1 p.m. ET	Register Here!