

August 2015

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editions of the Valued Provider
eNewsletter to [PRelations@
ValueOptions.com](mailto:PRelations@ValueOptions.com)



The Romantic Getaway: Reconnecting With Your Partner

After years of focusing on careers, children and other priorities, many partners feel mixed emotions when faced with an opportunity to get away together. Yet research shows how important ongoing intimacy (caring, closeness, sexual relationship and emotional nurturance) is to a relationship. Periodic romantic getaways are one way to help you and your partner stay connected.

Time for each other

What is getting away together really about? Sure, it is to have fun, relax and take a well-needed break from routines. But more importantly, it is time to reconnect with your partner. Avoid overloading your trip itinerary with activities. Leave plenty of unstructured time to be alone together. Enjoying each other's company without expectations will make it easier for you to renew intimacy and communication.

Time for yourself

If possible, plan some private time for yourself. Doing something you enjoy, such as reading a book, going for a jog or taking a bubble bath, is essential to your personal well-being and can enhance your ability to love and be loved.

Reconnecting through communication

Some couples have no problem opening up to each other once they are removed from the hectic pace and constant demands of daily life. Others need to ease into communication. Try smiling at each other, mirroring each



“When you feel like talking, strive for conversation that provides insight into each other’s feelings and emotions.”

other’s body position and frequently touching each other in a nonsexual way to increase feelings of intimacy.

When you feel like talking, strive for conversation that provides insight into each other’s feelings and emotions. Here are some ideas:

- What is your favorite memory about our relationship?
- What initially attracted you to me? What attracts you now?
- If you could take a year off and do anything you want, what would you do?
- If you could plan a month-long vacation for us (money is no object), where would we go and what would we do?
- If you could have just one wish granted, what would it be?
- How has your definition of love changed over time and with our relationship?
- How do I help you cope with the struggles and challenges in your life?

When your budget is limited

Do not wait until you can afford your dream vacation to take a romantic getaway. You do not even have to leave town. Stay overnight at a local bed and breakfast or hotel and then explore where you live as if you are tourists. Although ideally you want to remove yourself from your day-to-day environment, you can even “get away” in your own home. Arrange for your children to spend the night elsewhere. Let the answering machine [or voicemail] record all phone messages. With a little imagination and creativity, you and your partner can create the fantasy vacation of your dreams.

Sources: How to Stay Lovers While Raising Your Children by Anne Mayer. Price Stern Sloan, 1990; Renew Your Marriage at Midlife: A Guide to Growing Together in Love by Steve Brody, PhD, and Cathy Brody, MS. Perigee, 1999; Communication Miracles for Couples by Jonathan Robinson. Conari Press, 1997

By Christine P. Martin
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The Road Ahead: Rebranding ProviderConnect Guides

As we continue with our branding updates, you may have noticed that our [Getting Started with ProviderConnect Guide](#) was recently converted to the Beacon Health Options’ brand. In addition, the [ProviderConnect User Guide](#) was rebranded and modified to reflect updates from June 2015 system enhancements.

Please be advised that the ProviderConnect platforms you use will continue to say ValueOptions as we are a Beacon Health Options’ company.

To access these guides, as well as other useful information to assist with utilizing our electronic resources as part of your daily practice, we encourage you to visit our website’s ProviderConnect [Helpful Resources](#) page.

We are pleased to share items of interest with our provider community as our company moves forward with post-merger communications. The below press release discusses a new Beacon Health Options (Beacon) white paper, the first of what will be a series of Beacon-authored reports, designed to inform you about behavioral health issues challenging our society. This, and other topics, are discussed on our [Beacon Lens](#) blog. We also invite you to join an informational webinar, see details below.

Beacon Calls for a Redesign of the Health Care Delivery System: Treating Opioid Addiction

Beacon, the nation's premier behavioral health management company, issued a white paper on June 1, 2015, "Confronting the Crisis of Opioid Addiction," calling for a major redesign of the health care delivery system for opioid addiction. The proposed new model moves from a system overly reliant on episodic, acute care to a chronic disease model of care framework that promotes community-based care coordination.

Opioid addiction has reached crisis proportions with tremendous personal, family, occupational and societal costs. Today, more than two million Americans are addicted to prescription opioids with 500,000 Americans addicted to heroin; deaths due to opioid overdose have tripled since the 1990s.

"The neuroscientific evidence is clear that opioid addiction is a chronic brain disease that must be treated as the chronic disease it is, with a relapsing and unremitting course, just like asthma or diabetes," said Dr. Emma Stanton, Beacon Associate Chief Medical Officer. "Similar to other chronic conditions, opioid addiction requires ongoing community-based management often measured in years rather than days. Our white paper proposes a systemic framework to address the chronic nature of opioid addiction through a continuum of services that promotes evidence-based, person-centric care."

Utilizing the six pillars of the chronic disease framework, the white paper calls on providers, payers and policymakers to pursue public health reimbursement and system-of-care initiatives, including the following:

- Increase prescribing of naloxone for opiate overdose prevention
- Removing barriers to non-acute provider resources (methadone/suboxone) and extending prescriptive authority to mid-level practitioners who are in full-service practices and provide maintenance care.
- Improving the informed consent process by reinforcing prescriber responsibility to discuss the risks and benefits involved in using opioids for pain management and requiring a verbal and written explanation of medication-assisted therapy (MAT).
- Promoting better understanding of what information can be shared between providers with respect to the HIPAA laws and 42CFR .
- Reunifying the system of care in accordance with American Society of Addiction Medicine (ASAM) criteria, which requires case and care management services to be part of full-service addiction treatment.
- Applying evidence-based clinical practice guidelines to MAT that includes real-time support for prescribers (e.g., an expert staffed support hotline for prescribers treating addictions).
- Creating anonymous state registries to allow robust tracking of MAT outcomes.



*Register Today
Space is Limited!*

*Confronting the Crisis of
Opioid Addiction*

*Tuesday, August 25, 2015
from
1:00 p.m.-2:00 p.m. ET*

“The human toll of this problem and the need for a new approach to treatment can’t be understated,” said Tim Murphy, Chief Executive Officer of Beacon. “We recognize that people struggling with opioid addiction have dealt with stigma and other barriers to effective care. We look forward to starting a dialogue with our elected officials, state and federal agencies, health care providers, and other stakeholders on this important issue. We need to act now.”

To download the full white paper, visit our [Beacon Lens](#) blog.

We invite clinical and administrative representatives as well as providers who work with substance use disorders to attend an informational webinar on Tuesday, August 25, 2015 which will discuss the white paper and chronic care model in more detail.

Register Today – Space is Limited!

Confronting the Crisis of Opioid Addiction
[Tuesday, August 25, 2015 from 1:00 p.m.-2:00 p.m. ET](#)

Attention ValueOptions’ Providers: Substance Use Disorders and ASAM Criteria

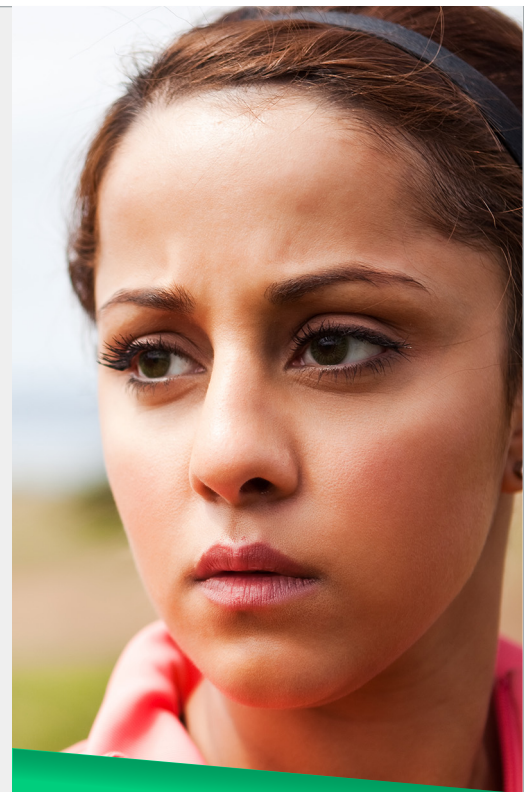
Beginning this fall, ValueOptions will be replacing our own level-of-care criteria for utilization management of substance use disorders. Some accounts are currently using ASAM and will not experience a change. Other accounts are required to use a specific criteria set and most will likely continue to do so at this time. ASAM criteria is a nationally recognized, widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. To order a copy of the ASAM criteria, please go to the following website: www.asam.org/PatientPlacementCriteria.html.

New York Health Plan Member Protections for Out-of-Network Emergency Services and Surprise Bills

ValueOptions has set up new protections to ensure that members of New York health plans administered by ValueOptions will not be responsible for costs other than in-network cost-sharing that applies under their plan. These costs include in-network copay, coinsurance and/or deductible. These protections became effective for services received on or after April 1, 2015 and in the following circumstances:

- If they receive out-of-network emergency services in a hospital.
- If they receive a non-emergency “surprise bill” for out-of-network services.

We have established an [Out-of-Network Emergency Services and Surprise Bills](#) page on our website that describes these protections and which plans are impacted. It also explains what members can do if they feel they have received a surprise bill.



“Beginning this fall, ValueOptions will be replacing our own level-of-care criteria for utilization management of substance use disorders..”

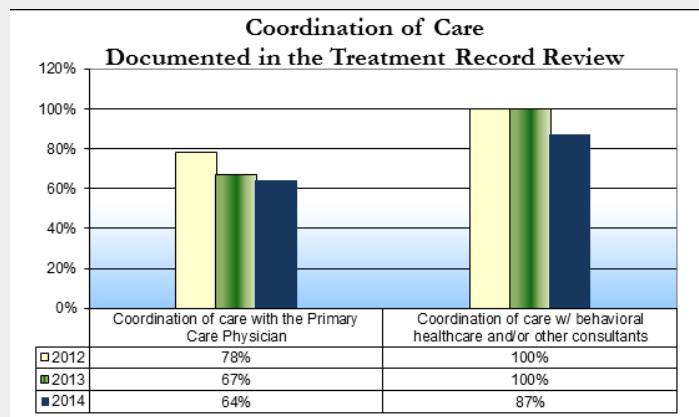


North Carolina Operations Center Coordination of Care between Behavioral Health Care and Medical Care

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

- Forms are available to help you obtain your patient's authorization to share information with the PCP. Download a copy of the form here: http://www.valueoptions.com/providers/Network/NCSC_Government/Member_release_info_sheet_PHI.pdf.
- Member education tip sheets and other helpful resources have been developed and may be copied and used in your practice. Please see the "Coordination of Care" section on our website's [North Carolina Operations Center Network Specific](#) page.
- Identify best practices. Keep track if you or someone in your practice has created a successful system enabling increased coordination of care with PCPs or other Behavioral Health Practitioners. Share this with your care manager or colleagues to increase awareness.
- For additional information regarding coordination of care, review our website's [Integrated Care Toolkit](#).

The 2014 Treatment Record Review demonstrates no improvement over the past year.



What can practitioners/clinicians providing outpatient services do?

- Request a discharge summary and/or continuing care plan from the hospital or facility.
- Call the patient prior to the first appointment to confirm appointment date and time.
- Schedule two appointments — the first appointment within seven days of discharge.
- Assess the patient thoroughly, including medication and appointment compliance.
- Convey a sense of availability to the patient by including an emergency contact number.
- Keep alternate patient phone numbers, or a phone number of a relative or friend in case of a missed appointment.
- Reach out to the patient after any missed appointments.
- Coordinate/communicate treatment with the psychiatrist, therapist and PCP.

What can facilities do for the patient upon discharge?

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

“When a patient has multiple providers, communication becomes essential to promote quality health care, ensure safe practice, and prevent potential medical errors or complications.”

- Schedule the first appointment or two with the outpatient provider while the member is present — do not leave scheduling to the patient.
- Fax the continuing care plan to the outpatient provider and the PCP.
- Make certain the discharge review is faxed or phoned into ValueOptions on the day of discharge so appropriate follow up can occur.
- Call the ValueOptions care manager for questions and/or for assistance identifying a practitioner.
- Coordinate discharge planning with assigned care manager.
- Educate the family on the importance of the member keeping the discharge appointment.



Attention Deficit Hyperactivity Disorder

The American Academy of Pediatrics and the American Academy of Family Physicians concur that Attention Deficit Hyperactivity Disorder (ADHD) is experienced by 4 to 12 percent of school age children, with rates increasing by five percent per year on average. Though typically diagnosed during childhood at the average age of seven, symptoms can be exhibited as early as three, and can persist into adulthood. This common neuro-behavioral disorder is chronic and, left untreated, potentially leads to development of other co-morbid conditions. At the very least, a child with untreated ADHD will not be able to achieve his or her full potential academically. The Center for Disease Control also identifies these children as “at-risk” for accidental injury secondary to the key symptoms of impulsivity and inattention.

ValueOptions has been working on a variety of initiatives to raise awareness about the objectives of National Committee for Quality Assurance (NCQA) HEDIS® ADHD measures, which guide our efforts in measuring the quality and effectiveness of the care provided. The ADHD measures specifically focus on follow-up care for children who are prescribed ADHD medication.

What are the HEDIS® ADHD Specification measures?

After initial prescription of ADHD medication for a child between the age of 6-12, the percentage who have had:

- At least one follow-up visit with the prescribing practitioner within the first 30 days (initiation phase).
- At least two follow-up visits within nine months following the initiation phase (continuation and maintenance phase).

What is the relevance of these measures?

According to NCQA’s “State of Health Care Quality 2014” report:

- Ten percent of American children have been diagnosed with ADHD, and it is one of the most common mental disorders affecting children.
- When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness and inability to sustain concentration.
- To ensure proper management, it is important that children be monitored by a pediatrician with prescribing authority.

It is important to note, that once a diagnosis is made, clinical practice guidelines recommend regular follow up for pharmacologic treatments during the initial and continuation phases of treatment.

Additional resources include the ADHD Tool Kit, developed by the National Initiative for Children’s Healthcare Quality (NICHQ) in conjunction with the American Academy of Pediatrics. The ADHD Tool Kit provides the practitioner with a variety of tools to be used in assessing and managing the child with ADHD. The Tool Kit is in the public domain and can be downloaded from <http://www.nichq.org/childrens-health/adhd/resources>.

“At the very least, a child with untreated ADHD will not be able to achieve his or her full potential academically.”

Applied Behavioral Analysts (ABA): Spotlighting Recent Updates

AMA ABA Coding Changes

Recently, you may have attended an ABA coding change webinar. As you are aware, 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 ABA codes will now go into effect for most ValueOptions' plans* on **August 15, 2015** to allow additional time for providers to prepare for the change. Fee schedules were sent in a separate provider mailing in mid July. For more information, including a list of Frequently Asked Questions, a crosswalk of the new coding system and archived trainings, please visit our [ABA Network Specific page](#).

If you still have questions or concerns with the changes you can register for our next webinar on [Wednesday, August 26, 2015 from 2:30 p.m.-4:00 p.m. ET](#).

Association of Professional Behavioral Analysts (APBA) Bulletin

An agreement was reached for the Association for Behavior Analysis International (ABAI), APBA, the Behavior Analyst Certification Board, and Autism Speaks to be co-applicants on a proposal to modify the [CPT Category III temporary] codes before they become permanent. APBA will be represented on the Steering Committee that will guide development of the code change proposal by Executive Director Gina Green, with Board member Bryan Davey serving as the alternate. APBA has also nominated several providers and health plan representatives to the workgroup that will develop the proposal, and will make every effort to solicit input from others. If you have suggestions for modifying the Category III CPT codes, please email them to Gina Green at ggreen@apbahome.net.

Treatment Guidelines

As the new AMA CPT codes are rolled out for ABA services, ValueOptions has updated the forms related to the Authorization Services request process. Providers can now find updated Treatment Plan Guidelines associated with both the Initial and Concurrent ABA Authorization Request and Treatment Report documents. We strongly encourage providers to submit all claims and authorizations via our online portal, [ProviderConnect](#) in order to reduce the risk of error and streamline administrative and clinical processes. It is recommended to use the principles outlined in the Treatment Plan Guides for development and submission of those reports. Reviewing and using these Guidelines will maximize efficiency with the review process in place for authorization requests.

The Treatment Plan Guides have been updated to clarify information requested within the reports. As an example, a section has been added for skills targeted for increase within the Treatment Plan. This section is meant to contain ALL skills or goals that the member may be working on as a part of their treatment program. These skills are not merely related to replacing target/maladaptive behaviors, but increasing overall functioning based on the member's strengths and weaknesses.

The Treatment Plan Guides now request Preference Assessment information as well as specific information on the Coordination of Care between the BCBA and other professionals who work with the member. Please note that the Guides also recommend that the BCBA breakdown the request of services for a member within their Treatment Plan Report based



ProviderConnect

- ▶ Log In
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- ▶ Forgot Password
- ▶ Forgot Provider ID
- ▶ Capabilities and Benefits
- ▶ Getting Started
- ▶ Helpful Resources



“Working in partnership with your biller ensures they are aware of any electronic billing options and are meeting current standards, including preparing for upcoming ICD-10 changes.”

on specific codes, description of services, total number of hours requested, breakdown of hours per week and the location where services are to be delivered.

The new ABA Authorization Request and Treatment Reports for both Initial and Concurrent requests can be found at the bottom of our [Clinical Forms](#) page. Providers are asked to begin utilizing these documents as of July 1, 2015, although it will not be required to use them until August 15, 2015 as they contain reference to the new AMA ABA coding structure. Please be advised that although both sets of forms are still available on the website presently, the old forms will no longer be accepted after August 15, 2015.*

**Attention practitioners who serve Group Health Incorporated (GHI) members: At this time, GHI will not be moving to the new codes effective August 15, 2015; therefore, providers who see GHI ABA members will need to continue to use the current HCPCs codes until further notice.*

The Final Stretch to ICD-10

As ValueOptions moves towards the October 1, 2015 compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, we would like to remind you that we have resources available on our website to help you prepare for this transition, including our Frequently Asked Questions and recorded ValueOptions' trainings, which can be located on our [ICD-10 Spotlight Page](#).

In addition, on July 6, 2015, the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) advised they are offering additional education opportunities, such as webinars, forums, articles and calls. You can review the “[Road to 10](#)” and other materials offered in the following press release here: “[CMS and AMA Announce Efforts to Help Providers Get Ready For ICD-10](#).” The CMS [ICD-10 website](#) also includes registration information for the August 27th Medicare Learning Network's MLN Connects National Provider Call: Countdown to ICD-10.

Electronic Billing Solutions

Did you know there are many ways to submit claims electronically? Claims can be submitted by using our direct claim submission process in [ProviderConnect](#) or by submitting batches through our various batch upload options.

If you utilize a third party billing service, do you know how your biller is submitting claims? We encourage you to become familiar with your billing service or clearinghouse's billing process. Working in partnership with your biller ensures they are aware of any electronic billing options and are meeting current standards, including preparing for upcoming ICD-10 changes. We have our [ProviderConnect Claims](#) webinar scheduled for August 20th at 2:00 p.m. ET, which is available to both providers and billing services.

If you are looking to submit through a clearinghouse, please complete the [Intermediary Authorization Form](#) to grant them permission to submit claims on your behalf. For additional information related to electronic billing solutions, you can contact our EDI Helpdesk Monday through Friday from 8 a.m. to 6 p.m. ET at 888.247.9311 or by email at e-supportservices@valueoptions.com.

ValueSelect Program Eligibility Guidelines

The ValueSelect program is an exclusive program designed to recognize network outpatient providers who are engaging in activities that promote clinical effectiveness, member access to services, member satisfaction, and administrative efficiency.

As a member of the ValueSelect program, providers are eligible to receive:

- Opportunity for increased referrals
- Free CEU/CMEs through Relias Learning
- Training Discounts through Behavioral Tech, LLC
- Access to Achieve Solutions -ValueOptions' award-winning website that offers valuable mental health resources, assessment tools and articles that may be shared with clients

To promote continued network excellence, ValueOptions has updated the program criteria for 2015, which was implemented beginning with the Spring 2015 eligibility review cycle. In order to qualify for the ValueSelect designation, providers must demonstrate the following:

- Accessibility: Seeing 10 or more ValueOptions' members or having 10 or more UR-only authorizations in the past 12 months (or at least 25 commercial members for clinics), and,
- Administrative efficiency: conducting transactions using ValueOptions' ProviderConnect portal within the past 12 months, and,
- ValueSelect Activities: Engaging in one or more of the following activities:
 - Participation in the [On Track Outcomes Program](#)
 - Submitting at least 75% of non-EAP claims electronically
 - Having clients complete the ValueOptions' Patient Treatment Survey
 - Having a CEAP credential

To learn more about this program, refer to the [ValueSelect Outpatient Program Description](#) or contact your Provider Relations representative.

Maintaining Accurate Demographic Data for Member Referrals

To maximize your business potential and assist us with providing accurate referrals for individuals seeking services, we ask all of our providers to maintain accurate demographic data. ValueOptions verifies demographic data through various channels, including [CAQH](#) (the Council for Affordable Quality HealthCare) and provider self-reporting through paper form and online [ProviderConnect](#) submission. In order to assure your file is current, we encourage you to become familiar with these platforms and review your information on a regular basis.

As our members look for providers, they also have the option to perform advanced searches through [MemberConnect](#) by specialty, gender and office hours, in addition to proximity and licensure. You can review and update most of this information through the "My Practice Information" and "Update Demographic Information" sections on [ProviderConnect](#).

If you have any questions or need assistance updating your demographic data, you may contact our National Provider Service Line at 800.397.1630 between 8 a.m. and 8 p.m., Monday through Friday.

Contact Us: If you do not have Internet access and would like a hard copy of this newsletter, please contact our National Provider Service Line at 800.397.1630.



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		
Thursday, August 6, 2015	3:00 p.m.-4:00 p.m. ET	Register Here!

ProviderConnect: Claims		
Thursday, August 20, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
Wednesday, September 23, 2015	11:00 a.m.-12:00 p.m. ET	Register Here!

Authorizations on ProviderConnect		
Wednesday, September 16, 2015	3:00 p.m.-4:30 p.m. ET	Register Here!

ABA Provider Update: Upcoming Coding Changes

Provides detailed information on the upcoming coding changes as well as our ProviderConnect portal.

ABA Provider Update: Upcoming Coding Changes		
Wednesday August 26, 2015	2:30 p.m.-4:00 p.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.

Introduction to On Track Outcomes		
Wednesday, September 23, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
Thursday, October 8, 2015	1:00 p.m.-2:00 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.

Giving Value Back to the Provider		
Tuesday, September 3, 2015	2:00 p.m.-4:00 p.m. ET	Register Here!
Tuesday, September 4, 2015	11:00 a.m.-1:00 p.m. ET	Register Here!

*You can view previous webinar slides and recordings in our [Webinar Archive](#).
For additional trainings and information please visit our [Video Tutorials](#) as well as your [Network Specific Page](#).*