

## June 2015

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Please send your comments, ideas and suggestions for upcoming editions of the Valued Provider eNewsletter to [PRelations@ValueOptions.com](mailto:PRelations@ValueOptions.com)



## Coping With Guilt After Surviving a Traumatic Event

Floods, tornadoes, fires, airplane crashes—they happen, and many people survive these calamities. So we start shopping again, check out the movies and meet friends for dinner. But we feel guilty. How can we move on emotionally when so many have died? What if it had been me or someone I loved? What could I have done to prevent it? How can I properly mourn?

These are natural questions for people suffering from a traumatic event. We usually associate such “survivor guilt” with war veterans, victims of violent crime or survivors of life-threatening diseases. But we don’t have to be directly involved in a traumatic event to be affected by it. Many experience a kind of collective survivor guilt after repeatedly viewing images of any disaster. Many of us are unable to come up with a suitable reaction, and thus, a sense of guilt emerges.

Therapists view survivor guilt as a secondary symptom of posttraumatic stress disorder (PTSD) in that it doesn’t come directly from the original experience. It occurs later when a person who was somehow traumatized tries to get back to normal life, only to be sidetracked by such secondary feelings as guilt.

### Coping tips

If it goes unchecked, excessive guilt can lead to other problems such as depression, apathy or generalized anxiety. We need to remember that guilt is a common reaction to loss and as such, it can ultimately be part of the healing process. These tips can help you cope with guilt:

- Acknowledge that you are feeling guilty. To deal with negative feelings, you must first recognize their symptoms.



- Take time to mourn. Attend a religious or community ceremony or plan your own way to recognize the suffering of others.
- Turn your negative feelings into positive action. Make a contribution, hold a fundraiser, take part in a rally, give blood or participate in any volunteer action that makes you feel that you are serving the greater good.
- Seek out other people. Isolation worsens guilt, so turn to friends, family or support groups.
- Keep healthy—eat right, exercise and get enough sleep. Don't drown your feelings in alcohol, drugs or junk food; it will only compound the problem.
- Take advantage of the many organizations offering advice on coping with disasters.

By Amy Fries  
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Source: American Psychological Association, [www.apa.org](http://www.apa.org); National Brain Tumor Society, What Long-Term Survivors Don't Talk About, <http://www.brainumor.org/>; The National Center for Post Traumatic Stress Disorder, <http://www.ptsd.va.gov/>; National Institute of Mental Health; [www.nimh.nih.gov](http://www.nimh.nih.gov).

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## Consultation for Kids: Models of Psychiatric Consultation in Pediatric Primary Care

The recorded webcast below, presented by John Straus, M.D., discusses the pediatric psychiatric consultation model in Massachusetts - the first statewide model of its kind. You may be interested in this webcast if you work as part of a health center or are interested in integrated care.

You will hear from a safety-net pediatrician on how a busy clinician can effectively tap into psychiatric consultation to provide high quality mental health care for his patients. In addition, you will learn which components of psychiatric consultation models can be implemented or better utilized in your region, state or community.

Presenters include:

- John H. Straus, M.D., Founding Director, Massachusetts Child Psychiatry Access Project, Medical Director Special Projects, Massachusetts Behavioral Health Partnership;
- Vincent Biggs, M.D., Pediatrician, Holyoke Health Center, Holyoke, MA;
- Michael Lu, M.D., Associate Administrator for Mental and Child Health, HRSA

Slides: [http://www.integration.samhsa.gov/MCPAP\\_presentation\\_-\\_FINAL.pdf](http://www.integration.samhsa.gov/MCPAP_presentation_-_FINAL.pdf)

Recording: <https://goto.webcasts.com/starthere.jsp?ei=1061798>

This webcast is a recorded webinar in collaboration between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) held in observance of Children's Mental Health Awareness Day on May 7th.

*"You will learn which components of psychiatric consultation models can be implemented or better utilized in your region, state or community."*

## North Carolina Operations Center (NCOC) Quality Activity-Initiation and Engagement of Alcohol and other Drug Dependence

Drug use and addiction have negative consequences for individuals and society. Estimates of the total overall costs of substance use in the United States, including productivity and crime related costs, exceed \$600 billion annually. This includes approximately \$193 billion for illicit drugs, \$193 billion for tobacco, and \$235 billion for alcohol. As staggering as these numbers are, they do not fully describe the breadth of destructive public health and safety implications of drug use and addiction such as: family disintegration, loss of employment, failure in school, domestic violence, and child abuse. In 2013, an estimated 21.6 million persons age 12 and older were classified with a substance dependence or use problem in the past year based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V).

Drug addiction can be managed successfully as with other chronic diseases, such as diabetes, asthma, or heart disease. Research studies have consistently demonstrated the overall effectiveness of Alcohol and Other Drug (AOD) treatment in reducing substance use, recidivism and improving patient functioning in the workplace and community. However, even with all the advantages of AOD disorder treatment, only 35 percent of the people diagnosed with chemical dependency receive any treatment at all. Research shows that people who complete treatment, with in the continuum of care typically show more improvement. Additionally, success during the acute stage of treatment is associated with lasting improvements when there is continued AOD treatment.

The chronic, relapse-prone nature of AOD disorders makes a case for a system of accountability beyond the boundaries of a single treatment episode. There is evidence that early recognition and intervention have an impact on the success or failure in the treatment of an individual's AOD disorder. How people manage their recovery following a specific episode of care is as important to the overall success as is the delivery of the care. Therefore, how a system of care organizes its services to support post-treatment sobriety is an important factor in a successful outcome.

The ValueOptions NCOC has initiated a Quality Improvement Activity designed to identify members with alcohol or other drug disorders and assist them in initiating and engaging in treatment. In addition, it is designed to determine whether this reduces the incidence of relapse and improves therapeutic outcomes.

Alcohol and Other Drug	2012	2013	2014
Initiation (members who initiate treatment)	54.11%	41.82%	41.74%
Engagement (members who engaged in treatment)	34.17%	25.46%	28.34%

Current and ongoing interventions include:

- Aftercare Coordinator performing follow-up duties: ensuring attendance at appointments, referrals and alternative appointment scheduling, assistance to discharging facility or practitioner, and referral to clinician for complex cases.

*“Drug addiction can be managed successfully as with other chronic diseases, such as diabetes, asthma, or heart disease.”*



- Expansion of admission criteria for the Intensive Case Management program to include additional high risk individuals; specifically pregnant women with substance use issues and substance use patients with medical co-morbidity.
- Case Management outreach to members discharged from emergency departments with substance use issues. Facilitating referrals to substance use treatment programs/ providers; assistance with obtaining appointments.
- Development of workflow for warm transfers from the Health Plan for members who request additional screening/treatment for potential substance use issues.
- Collaborative project with appropriate Health Plans directed at providers prescribing Suboxone (buprenorphine) at higher than recommended doses. Correspondence to the providers will encourage regular office visits to monitor patients and continued random drug screening.
- Valued Provider' newsletter articles on the topics of Suboxone (buprenorphine) guidelines and opioid addiction.

Alcohol baseline progress note sample forms are available at:  
[http://www.valueoptions.com/providers/Network/NCSC\\_State\\_Local\\_Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm)

## North Carolina Operations Center 2015 Key Updates Provider Newsletter is Now Available

The ValueOptions North Carolina Operations 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 2015 newsletter is available on the ValueOptions website at [http://www.valueoptions.com/providers/Network/NCSC\\_State\\_Local\\_Government.htm](http://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.



## Aftercare Appointments Following Inpatient Discharge

IMPORTANT for NYS providers: Please read this carefully and share with all appropriate clinical and administrative staff.

**As a reminder, NYS Office of Mental Health (OMH) issued pertinent guidance effective December 10, 2014 clarifying OMH's policy regarding aftercare appointments for patients discharged from inpatient psychiatric units.**

### Summary:

Members being discharged from psychiatric inpatient units in New York State are now required to be referred to an outpatient mental health provider for a scheduled appointment at a specified date and time, within five business days of discharge;

Clinic open access or "walk-in" appointments do not meet appropriate standards of aftercare services for this population.

### OMH Policy:

As per OMH policy, members being discharged from psychiatric inpatient units should:

- Have an appointment scheduled with an appropriate outpatient mental health clinic provider within **five** business days of discharge.
- The appointment must specify a date, time, and location for the member to meet with a clinic staff member who must complete an intake and/or assessment.
- In addition, face-to-face assessment must be provided in an expedited manner as appropriate for the member's clinical condition. This includes the provision of medication.

OMH **also** requires outpatient providers who scheduled the appointment within five business days to assertively engage and follow up if the patient does not show up.

### Open Access not Sufficient:

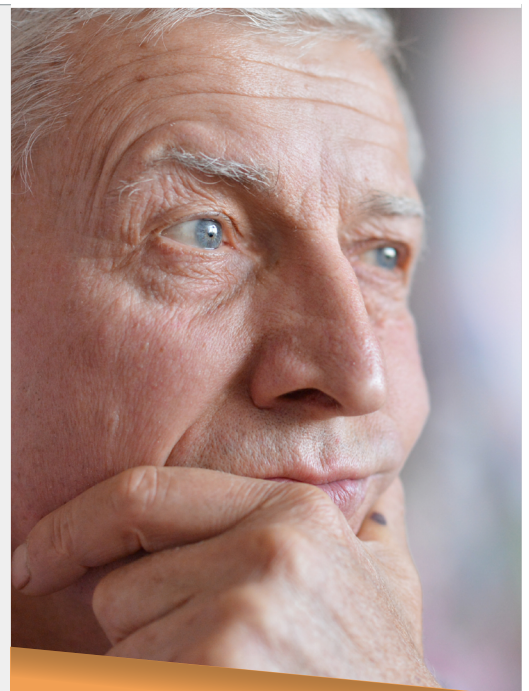
OMH has supported clinic open access or "walk-in" outpatient appointments as a means to facilitate appointments for many individuals. **Open access is not a satisfactory alternative** for members transitioning from a higher level of care such as psychiatric inpatient unit.

Inpatient or outpatient psychiatric services who utilize open access, in place of a scheduled post-hospital care appointment, are not meeting existing, and clinically necessary standards of care.

If you have any questions, please contact the customer service team based on the number for behavioral health found on the member's medical ID card.

## Substance Use Disorders and ASAM Criteria for Health Plan Providers in New York

Effective April 1, 2015, ValueOptions began utilizing the American Society of Addiction Medicine (ASAM) for Substance Use Level of Care Criteria for its New York health plan members. The New York Office of Alcoholism and Substance Abuse Services (OASAS) approved ValueOptions' use of the ASAM criteria as required by New York's Substance Use Disorder law. To order a copy of the ASAM criteria, please go to the following [ASAM website](#).



*"Members being discharged from psychiatric inpatient units in New York State are now required to be referred to an outpatient mental health provider for a scheduled appointment at a specified date and time, within five business days of discharge."*

## The Latham Engagement Center Quality Newsletter is Now Available Online

The ValueOptions' Latham Engagement Center Quality Newsletter is now available online for our providers. We value your input into our activities. There are many topics of interest as well as the latest information on our programs including:

- Quality Improvement Activities
- Behavioral Health Screening Programs
- Clinical Practice Guidelines
- Utilization Management Criteria
- Treatment Record Documentation tips

To view the Latham Engagement Center's 2015 Quality Updates newsletter, visit [www.valueoptions.com](http://www.valueoptions.com), click on Providers, Network-Specific Websites, then click either *Empire Plan* or *MVP Health Care*. Click *Latham Engagement Center 2015 Quality Updates*.

## Serving those who Serve

As valued network providers, we want you to be the first to know about an exciting new opportunity to serve our military. Your dedication and high quality service to our members has not gone unnoticed, and we would like to invite you to become a part of our provider panel to serve this large military population. This opportunity is open to mental health and substance use providers at every level and licensure, it is not exclusive to non-clinical counseling. If you are interested and would like more information, please email [ServingOurMilitary@ValueOptions.com](mailto:ServingOurMilitary@ValueOptions.com).

## Transitioning from ICD-9 to ICD-10

### Background

The Centers for Medicare and Medicaid Services (CMS) has announced the new compliance date 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.

### Clinical Implications

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, 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 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.

Register today for one of our upcoming ICD trainings, which will discuss how ICD this will impact provider interactions with ValueOptions:

[Thursday, June 11, 2015 from 10 a.m.-11 a.m. ET](#)

If you have additional questions, please call the ValueOptions National Provider Services Line at 800.397.1630 between 8 a.m. and 8 p.m. ET, Monday through Friday.



*"The Centers for Medicare and Medicaid Services (CMS) has announced the new compliance date to transition to ICD-10 is October 1, 2015."*



*“The ValueSelect Outpatient 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.”*

## ABA: Upcoming Coding Changes

ValueOptions will move towards the new American Medical Association (AMA) ABA CPT® Category III temporary coding system effective July 1, 2015. For a complete listing of the ABA billing codes with description, please review the [2015 AMA ABA Code Crosswalk](#).

We invite you to join us for one of our ABA Provider Update webinars, where we will discuss upcoming coding changes as well as our ProviderConnect portal. Click a date below to register for a session that works for you:

[Tuesday, June 30, 2015 11 a.m. - 12 p.m. ET](#)

[Tuesday, July 7, 2015 11 a.m. - 12 p.m. ET](#)

For additional information, please review our recently updated ABA [Provider Frequently Asked Questions](#). A copy of the presentation slides can be located on our [ABA Network Specific page](#).

## ValueSelect Program Eligibility Guidelines

The ValueSelect Outpatient 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 qualify for the ValueSelect designation, providers must demonstrate the following:

1. Accessibility: For practitioners, had claims for 10 or more ValueOptions members in the past 12 months or had 10 or more UR-only authorizations (25 or more commercial members for Outpatient Clinics).
2. Administrative efficiency: Used the ValueOptions ProviderConnect portal within the past 12 months.
3. Engaged in one or more of the following ValueSelect activities:
  - Participated in the On Track Outcomes Program
  - Submitted at least 75% of claims (EAP and non-EAP) electronically
  - Had clients complete the ValueOptions Patient Treatment Survey
  - Have a CEAP credential

To learn more about this program, refer to the [ValueSelect Outpatient Program Description](#) or contact the Provider Service Line at 800.397.1630 between 8 a.m. and 8 p.m. Monday through Friday.



## ProviderConnect Message Center

Here at ValueOptions, we understand it may be difficult to get to a phone during the day as providers are very busy. We would like to remind you of our ProviderConnect Message Center where you can ask questions or check status on benefits, authorizations, and claims.

When you are in a member's benefit, authorization, or claim screen you will see a button labeled "Send Inquiry." This brings you to the page where you can send a question or check the status of benefits, authorization, or claim you were viewing.

Auth Summary   Auth Details   Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

**Authorization Header**

Member ID	987654321	Return to search results
Member Name	SUSAN ASLAN	
Authorization #	01-042210-1-10	Send Inquiry
Client Auth #	N/A	Complete Discharge Review
Authorization Status	O - Open	
From Provider	PETER TUMNUS	
Admit Date	12/01/2009	
Discharge Date		

Inquiries are responded to within five business days and will show in your Message Center Inbox on the ProviderConnect home screen.

YOUR MESSAGE CENTER (8 NEW) Message

Click on inbox to view your messages



INBOX



SENT

## Tips and Tricks: Keeping your Provider File Current

ValueOptions recognizes that it can be a challenge to keep information organized when you work with many different managed care organizations. Having the ability to utilize [CAQH](#) (the Council for Affordable Quality HealthCare) and our online portal, [ProviderConnect](#), has made it easier for commercial providers to share information with us. We hope these tips help us help you maintain a current provider file, which in turn will enable more timely, accurate member referrals and claim payments for you and/or your practice.

### Addresses and Contact Information

When you move, you complete a change of address form through the post office to forward your mail. However, this does not always prompt a business to change your address in their system. This is one reason why ValueOptions added the "Update Demographic" feature to [ProviderConnect](#). This functionality saves you time because you can update your contact information online and see the changes reflected immediately. And if you forget? That's okay, you can update service and billing information up to a year after the address became effective.

**Note:** There are some limitations to updating your information online. If your Tax ID is not on file with us yet, you will need to fax or mail a paper change of address form and W9 for documentation purposes. These forms can be found in our [administrative forms](#). In addition, some contracts have specific requirements where addresses need to be updated through a different entity first before ValueOptions can update your file. Here is a list of our [network specific pages](#).



### Malpractice Liability Insurance

Most insurance policies update annually; however, we recredential providers every three years. Please be sure to update [CAQH](#) with your malpractice information as soon as you receive your renewal. If we have your CAQH ID on file, this information can be retrieved as needed. If you do not participate with CAQH, you can fax your malpractice liability face sheet to (866) 612-7795.

### Professional License

Different states have different guidelines for when professional licenses renew. This information is accessed during recredentialing, but if your license renews in between that cycle, you should share that information with us to keep your file current. This can also be updated through CAQH and obtained by ValueOptions if necessary. If you do not participate with CAQH, you can fax your professional license to 866.612.7795.

Please indicate your NPI and ValueOptions' six digit provider number on all correspondence.

## Stamp Out Stigma (S.O.S.)

One in four U.S. adults will have a mental illness this year—25 percent of our population, making this illness more common than most diseases we talk about. The good news is that there are many effective treatments, for those who seek care...but not everyone does due to stigma.

We are committed to removing the stigma that surrounds mental illness. Join us as we stamp out this too-frequent barrier to seeking care.

Additional information, including a toolkit to help you develop your own S.O.S. campaign within your organization, can be found on our [Stamp Out Stigma \(S.O.S.\) page](#).

## June 27-28: ProviderConnect Downtime

Throughout the year, in an effort to enhance your experience with the use of ProviderConnect, ValueOptions conducts routine maintenance to our ProviderConnect application in the form of scheduled enhancements.

ProviderConnect and MOS ProviderConnect will be unavailable June 27-28, 2015 to perform standard maintenance.

During this time, both ProviderConnect and MOS ProviderConnect applications may be unavailable for a period of time. While system downtime occurs on the weekends to minimize interruption to normal operations, we do regret any inconvenience you may experience during this process.

Please visit the [ValueOptions' Provider Homepage](#) to check the pop-up message as it will be updated to reflect system availability. We also invite you to check our [Webinar Calendar](#) for the upcoming "ProviderConnect Enhancement" webinar in July.

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

## THE PLEDGE

As a supporter to those who have a mental illness, I understand the importance of recognizing the high prevalence of mental illness. I also know that when cognition is coupled with reeducation and understanding, health-seeking action can be taken. These actions lead to recovery, which is possible for everyone.

Three R's (recognize, reeducate, and reduce stigma (S.O.S.))



## 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		
Wednesday, June 17, 2015	2:00-3:00 p.m. ET	<a href="#">Register Here!</a>
ProviderConnect: Claims		
Thursday, June 18, 2015	1:00-2:00 p.m. ET	<a href="#">Register Here!</a>
Authorizations on ProviderConnect		
Wednesday, July 15, 2015	1:00-2:00 p.m. ET	<a href="#">Register Here!</a>
ProviderConnect Enhancements		
Thursday, July 9, 2015	2:00-3:00 p.m. ET	<a href="#">Register Here!</a>

### 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		
Tuesday, June 9, 2015	1:00-2:00 p.m. ET	<a href="#">Register Here!</a>

### 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.

EAP Core Technologies: Updating the Strategies		
Tuesday, June 16, 2015	2:00-3:00 p.m. ET	<a href="#">Register Here!</a>

### ICD-10 Provider Overview

Provides an overview of the ICD-10 timeline and upcoming changes to help our provider community prepare for the October 1, 2015 transition.

ICD-10 Provider Overview		
Thursday, June 11, 2015	10:00-11:00 a.m. ET	<a href="#">Register Here!</a>

### 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		
Tuesday, June 30, 2015	11:00 a.m.-12:00 p.m. ET	<a href="#">Register Here!</a>
Tuesday, July 7, 2015	11:00 a.m.-12:00 p.m. ET	<a href="#">Register Here!</a>