

March 2015

VALUED PROVIDER eNEWSLETTER

SPOTLIGHT:

Provider Handbook

[Read
More](#)

Upcoming Provider
Webinars

[Read
More](#)

Contact Us

[Read
More](#)

IN THIS ISSUE:

- WHAT IS INTELLECTUAL DISABILITY?
- ACHIEVE SOLUTIONS® HAS A NEW LOOK
- TIPS FOR EAP PROVIDERS
- IMPROVING SCREENING FOR METABOLIC SYNDROME IN MEMBERS TAKING ANTIPSYCHOTIC MEDICATIONS
- IMPORTANT INFORMATION REGARDING AFTRA HEALTH PLAN
- PERSPECTIVES ON ACUTE HOSPITALIZATION AFTERCARE
- SAVE THE DATE: EASNA INSTITUTE APRIL 22-24
- 1099 QUESTIONS
- M0064 DISCONTINUATION
- PROVIDERCONNECT DOWNTIME MARCH 28-29
- PROVIDERCONNECT MESSAGE CENTER
- UPCOMING WEBINARS

WHAT IS INTELLECTUAL DISABILITY?

Kelly is a friendly 4th-grader with mild intellectual disability. Kelly is able to learn; however, she learns at a slower rate than her peers. Kelly attends the public school near her home. She receives tailored instruction and support to help her meet specific learning goals. Kelly is active in her Girl Scout troop, but making close friends is not easy. Kelly is also curious and a hard worker. These traits have helped her make good progress at school and at home. Kelly's parents expect that, with the right support, she will one day be able to work and live on her own. They hope she will make lasting friendships and be an active participant in her community.

Upon the advice of her teacher, Kelly's parents have requested her school conduct a meeting to determine if she qualifies for an Individualized Educational Plan (IEP). This would help to identify and mobilize specific educational supports that are needed.

What is intellectual disability?

Intellectual disability (ID) is not a disease. Rather, people with ID have significant limitations in two areas: mental functioning and adaptive behavior.

Mental functioning is the capacity to reason, solve problems and learn. It is also called IQ.

Adaptive behavior includes the skills people learn to function in everyday life. These can be:

- *conceptual*: reading, writing, number sense, money and time
- *social*: people skills, following rules, self-esteem, being responsible, standing up for oneself
- *practical*: self-care, cooking, health and safety, money, job skills, transportation and managing time

ID starts any time before age 18. It can range from mild to profound. Eighty-five percent of children with ID fall in the mild range.

Is intellectual disability the same as mental retardation?

ID was once called mental retardation. Today, this term is no longer used. ID is sometimes called intellectual developmental disorder.

What causes ID?

ID can result when something interferes with normal brain development. This can occur before, during or after birth. Some causes of ID are:

WHAT IS INTELLECTUAL DISABILITY? (CONT'D)

- genetic problems, such as Down syndrome and fragile X syndrome
- drinking alcohol while pregnant
- infections
- birth defects
- head trauma, such as from child abuse or an accident
- certain infections or even stroke

Often, the cause is not known. People with ID may have other disabling conditions, such as attention-deficit/hyperactivity disorder (ADHD) or autism.

How is ID diagnosed?

Infants and children acquire skills and behaviors as they grow. They learn to rollover. They learn to talk. They learn how to interact with peers. Children slower to reach these milestones than their peers may have ID. ID that is severe tends to show up early in life. For children with mild ID, signs may not show up until preschool or later.

Doctors also closely watch children with risk factors for ID. For instance, infants born too early have a higher risk of ID.

Tests are used to diagnose ID. An IQ test measures mental functioning. Other tests assess adaptive behavior. These tests look at what skills a person has and does not have. This information is also used to set goals and plan treatment.

What is the outlook for people with ID?

ID affects people for their whole lives, but with the right supports, people with ID can have meaningful and fulfilling lives. They can be active members in the community.

To attain the best outcomes, people with ID need:

- Early intervention.** These services help very young children. They aim to improve development. A diagnosis of ID is not needed to receive services.
- Special education.** This should be designed with the child's specific needs and goals in mind.
- Support.** These are things that help adults with ID be as independent as possible. A job coach is one example.

Today, many people with ID are able to independently live, work and enjoy free time in their community. Others may need varying degrees of support to achieve these goals. They also face barriers to full participation and acceptance. People with ID want to be valued by all community members. They want to contribute to the well-being of society. And they want to have the freedom to make choices about where and how they live.

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

"ID that is severe tends to show up early in life. For children with mild ID, signs may not show up until preschool or later."

WHAT IS INTELLECTUAL DISABILITY? (CONT'D)

Resources

American Association on the Intellectual and Developmental Disabilities (AAIDD):
www.aaidd.org

American Academy of Pediatrics: www.healthychildren.org

Center for Parent Information and Resources: IDEA—the Individuals with Disabilities Education Act: www.parentcenterhub.org/repository/idea

Babies & Toddlers (Part C of IDEA): www.parentcenterhub.org/repository/babies

Children and young adults (ages 3-22): www.parentcenterhub.org/repository/schoolage

Eunice Kennedy Shriver National Institute of Child Health and Human Development:
www.nichd.nih.gov

By Christine Martin
 © 2014 Achieve Solutions

Source: American Association on Intellectual and Developmental Disabilities; American Psychiatric Association; The Arc; McInerney, Thomas, editor. American Academy of Pediatrics Textbook of Pediatric Care 1st edition, 2008.

This newsletter article is provided by the Achieve Solutions website. This article and other information provided on the Achieve Solutions site, including, but not limited to, articles, quizzes and other general information, is for informational purposes only and should not be treated as medical, psychiatric, psychological or behavioral health care advice. This article is not intended to be used for medical diagnosis or treatment or as a substitute for consultation with a qualified health care professional.

ACHIEVE SOLUTIONS HAS A NEW LOOK & FEATURES!

As part of their ValueOptions' program, members and their families have access to Achieve Solutions – a confidential website filled with educational information and content. Mental health providers also have access to the website.

Achieve Solutions now has a more modern, engaging design and new features.

Based on the site's optimization, members will have an enhanced experience because the site display will automatically change depending on the device being used – for example, members will not need to access a separate mobile website if viewing the site from their mobile phone. The site also has an improved search tool to help members find items of interest.

Key aspects of the award-winning site members value have been retained:

- the breadth of content and center/topic structure—there are thousands of content items across hundreds of topics
- the “Find Services” section, which allows members to locate a service provider
- the ability to create a PDF of an article or to email an article to a friend or family member
- the ability to sign up for newsletters on topics such as stress, depression and money issues

The home page changes daily, and new content items are added regularly throughout the site. Please visit www.achievesolutions.net often to see what's new.

©2015 Achieve Solutions

“The site has been optimized so that regardless of which device used to access it (desktop computer, tablet or phone) members will have an enhanced experience: The site display will change based on the device in use.”

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.

“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.”



IMPROVING SCREENING FOR METABOLIC SYNDROME IN MEMBERS TAKING ANTIPSYCHOTIC MEDICATIONS

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 with psychotic disorders 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 with bipolar, schizophrenia, and other related disorders 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 rates for metabolic syndrome in people prescribed antipsychotic medication are below those recommended. Considerable evidence indicates that those with behavioral health diagnoses often do not receive adequate recognition or monitoring of care for their medical illnesses.

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 for patients' prescribed antipsychotic drugs, including 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 those with behavioral health diagnoses often do not receive adequate recognition or monitoring of care for their medical illnesses.”



IMPROVING SCREENING FOR METABOLIC SYNDROME IN MEMBERS TAKING ANTIPSYCHOTIC MEDICATIONS (CONT'D)

Current and ongoing interventions include:

- Distribute results to practitioners involved in a metabolic screening survey
- Direct mail practice guideline “tip sheet” to practitioners
- Direct mail chart form for documentation of monitoring results
- Educate and train all psychiatrists on the importance of monitoring for metabolic issues through webinars and seminars offering CEUs
- Educate best practice of drug interventions
- Educate the importance of the prescriber “owning” the monitoring, even if there is coordination with the PCP, unless it is formally delegated to the PCP
- Redistribute the Provider Newsletter article regarding the importance of monitoring metabolic syndrome
- Emphasize ValueOptions’ expectations regarding monitoring guidelines for metabolic syndrome during trainings and treatment record review feedback

Based on the 2014 annual provider treatment record audit review, the overall compliance for Medical Management indicators in 2014 with the threshold of 80 percent was not met for bipolar disorder and the schizophrenia guidelines.

Clinical Adherence Guideline	2012 Overall Score	2013 Overall Score	2014 Overall Score
Metabolic Monitoring Management of Bipolar	41.5%	47.9%	40%
Metabolic Monitoring Management of Schizophrenia	44.2%	72.2%	56.6%

The North Carolina Engagement Center (NCEC) and other provider stakeholders feel this is an important issue for continued provider evaluation and education. Please download a copy of the Metabolic Monitoring form by visiting the link below:

<http://www.valueoptions.com/providers/Network/NCSC State Local Government.htm>

The Center for Disease Control (BMI) Calculator is viewable at: <http://www.cdc.gov/healthyweight/assessing/bmi/index.html>



PROVIDER ALERT: IMPORTANT INFORMATION REGARDING AFTRA HEALTH PLAN AND RETIREMENT PLAN MENTAL HEALTH AND SUBSTANCE USE BENEFITS

The AFTRA Health Plan and Retirement Plan (AFTRA H&R) has a new claims mailing address for submitting mental health and chemical dependency claims.

For dates of service beginning January 1, 2015, submit all mental health and chemical dependency benefit claims to:

ValueOptions
P.O. Box 1290
Latham, New York 12110

Claims for service dates on or before December 31, 2014, should be sent directly to:

AFTRA H&R
261 Madison Avenue, 8th Floor
New York, NY 10016-2312

If you have any questions regarding an AFTRA H&R participant, please contact ValueOptions at (800) 704-1421.

As a reminder, ValueOptions prefers to receive electronic claims submissions. Claims can be sent through our [ProviderConnect](#) portal or through a clearinghouse. To register for ProviderConnect, please [click here](#) or submit the [online services account request form](#).

The ProviderConnect portal offers direct claim submission for professional services as well as batch claim submission in HIPAA-compliant 837 format. Clearinghouses will submit batch claims. If you intend to use a clearinghouse, please complete and submit the [intermediary authorization request form](#).

Technical Questions regarding ProviderConnect can be directed to our EDI Help Desk at (888) 247-9311 between 8 a.m. and 6 p.m. ET, Monday through Friday or by email at e-supportservices@valueoptions.com. ProviderConnect forms referenced above can be faxed to (866) 698-6032.

PERSPECTIVES ON ACUTE HOSPITALIZATION AFTERCARE

ValueOptions Arkansas developed a questionnaire, funded by a quality improvement grant from the Centers for Medicare and Medicaid Services (CMS). The questionnaire was aimed at identifying best practices and perceived barriers to continuity of care in the mental health system for the adult Arkansas Medicaid population.

In collaboration with the Division of Medical Services, Department of Human Services, ValueOptions Arkansas identified 12 providers of inpatient psychiatric services, covering most of Arkansas and one bordering state. Outpatient providers were selected from the Arkansas' Rehabilitative Services for Persons with Mental Illness (RSPMI) Program. All participants received an email with a link to complete the online questionnaire. Overall, the questionnaire's findings and relevant literature suggest that barriers related to continuity of care exist in most mental health systems, including in Arkansas, but effective and affordable interventions are also available to address those barriers.

Please see the full white paper here: [Perspectives on Acute Hospitalization Aftercare: Questionnaire Responses from Arkansas' Behavioral Health Providers](#)

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>.



"The Employee Assistance Society of North America will hold its next annual conference, April 22-24, 2015 in Clearwater, FL."

1099 QUESTIONS

It is tax season!

ValueOptions mailed all 1099s by January 31, 2015.

1099s were only issued for providers who were issued total payments of \$600 or greater in 2014.

If you have questions regarding your 1099, please contact our 1099 Hotline at (703) 390-4936. This is a voicemail box monitored by our Finance Department and all calls will be returned within three business days.

BILLING CODE UPDATE: 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.

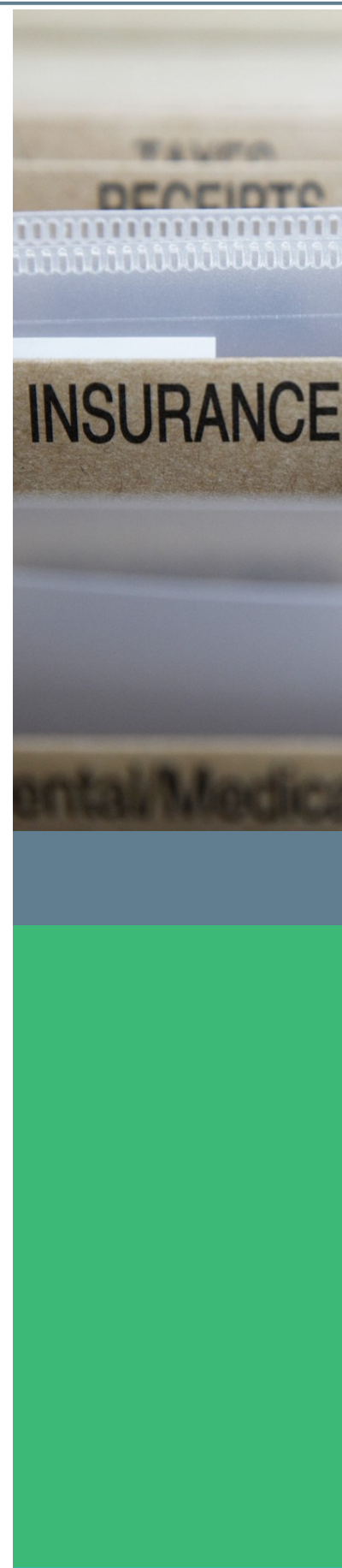
MARCH 28-29: PROVIDERCONNECT DOWNTIME

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 March 28-29, 2015.

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 our providers' normal operations, we apologize for 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.





PROVIDERCONNECT MESSAGE CENTER

We understand it may be difficult to get to a phone during the day as providers are very busy, so we would like to remind you of our ProviderConnect portal where you can verify benefits, check status on authorizations and claims, or ask questions through our ProviderConnect message center.

When in a member's benefit, authorization, or claim screen, click "Send Inquiry" as shown in the example on the left. The next page will allow you to send a question or check status as needed.

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	<input type="button" value="Return to search results"/>
Member Name	SUSAN ASLAN	<input type="button" value="Send Inquiry"/>
Authorization #	01-02232011-1-3	<input type="button" value="Complete Discharge Review"/>
Client Auth # [?]	N/A	<input type="button" value="Enter EAP CAF"/>
Authorization Status	O - Open	
From Provider	PETER TUMNUS	
Admit Date	01/14/2010	
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



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
Wednesday, March 18, 2015	3-4 p.m. ET	Register Here!

ProviderConnect Claims

Date	Time	Registration Link
Wednesday March 11, 2015	11 a.m.-12p.m. ET	Register Here!

Authorizations On ProviderConnect

Date	Time	Registration Link
Thursday, April 2, 2015	11 a.m.-12p.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
Tuesday, March 24, 2015	1-2 p.m. ET	Register Here!
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
Thursday, March 12, 2015	11 a.m.-12 p.m. ET	Register Here!