November 2015

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Contact Us:

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

Ten Time Wasters and Energy Drainers

We are surrounded by time- and energy-saving technology, yet find ourselves running late or exhausted. Why? Do we take on too many tasks? Make poor choices on how we spend our time?

"We each have a finite amount of energy, time and resources. Most of us give away and waste our energy daily without even realizing it," says career coach Renee Trudeau. Look at how we fritter away our time through:

- lengthy, unfulfilling or unnecessary phone conversations

- endless time online

- watching TV

- tolerating disorganized spaces that cause us to spend hours looking for items

- going to social gatherings or volunteer events that we don't want to attend but feel we should attend

"Not only are these activities unfulfilling—and often draining," Trudeau says, "but they are zapping our precious energy and resources. And, they're keeping us from spending time on things that truly fuel us—like being with friends, enjoying our children and partners, spending time outdoors, working on creative pursuits or just relaxing into expanses of unscheduled time."

Here are 10 unrewarding activities to dodge in the workplace, at home or anywhere.

At work

1. **Meetings**. Don't call a meeting when a memo will do. Your co-workers' time is valuable, too.

2. **Difficult people**. Corporate management consultant Lisa Anderson tells managers to pay more attention to those who are positive and productive. "You'll find an immediate benefit in terms of time, energy and productivity," Anderson advises. The same advice applies for individuals—seek out co-workers who won't sap your energy.

3. **E-mails, voice mail**. Don't check your e-mail every 30 seconds. It will be there, later.

Prioritize your messages, then set aside time to answer the most important ones. Answer the others when you have another block of downtime.

Executive coach Linda Henman advises people to limit their outgoing e-mails and memos. Send them to primaries only. People have limited reading time available in a day.

4. **Micromanagement**. If you've assigned a task, step back and let that person do it. If they fail, you'll deal with that when the time comes.

5. **Electronic Resources**. Learn to use technology wisely and well. PDAs and other devices may save you time, money and energy. If not, find the most efficient way to complete the task, no matter how you do it.

Technology can be a boon or a hindrance, says Joseph R. Ferrari, DePaul University professor and author, but it's a tool, at best. Don't blame your failures on faulty printers or computer glitches.

At home

6. **Electronics**. You may own a computer, DVD player, digital television, cell phone, programmable alarms and appliances, or even a robot vacuum cleaner. Run them, but don't let them run you.

Electronics cost money and time to upgrade, repair and use properly. If they don't save you time, maybe low tech is a better choice, says Ferraro. Take the time and energy you would otherwise waste, and use it to accomplish something really important.

7. **The Internet**. Avoid mind-numbing Web searching or limitless social networking. While many find value in the information and support they find online, moderation is key. Millions waste hours on social-networking sites, when they could be interacting, face to face, with real people.

Anywhere

8. **The 24/7 life**. You can't be on call to everyone, all the time. Set boundaries, and let people know—nicely—when you're available. Turn off your cell phone, unless you're expecting a call.

Psychologist Steven M. Sultanoff tells people to set priorities and accept that they do not have to respond to all requests immediately. Neither do they have to finish every book or movie they begin.

9. **Chaos**. Clean up your life and your work space. Prioritize. Chaos is exhausting.

"Clean up your life and your work space. Prioritize. Chaos is exhausting."

10. **Control**. Perhaps the biggest waste of time is worrying about things you can't do anything about. That list includes your friends', co-workers' and the world's problems. Take care of your own life.

Long Island-based public relations professional Lyn Dobrin sums it up: "I think there are 'time wasters' that are beneficial and those that are not. The ones that leave me feeling refreshed are the ones I should continue to do."

It's never too late to switch gears. Take a step back, decide what's most important to you. Then, start tomorrow, today.

Sources: Lisa Anderson, business consultant, newsletter editor and professional time-management speaker, Claremont, Calif.; Lyn Dobrin, MSW, public relations professional and freelance writer, Westbury, N.Y.; Linda Henman, PhD, executive coach, author of The Magnetic Boss, Chesterfield, Mo.; Adrian Miller, sales trainer, professional speaker, blog publisher, Port Washington, N.Y.; Steven M. Sultanoff, PhD, clinical psychologist, professional speaker, adjunct professor at Pepperdine University, Calif.; Renee P. Trudeau, author, work/life balance coach and president of Career Strategists, Austin, Texas; Joseph R. Ferrari, PhD, editor, Journal of Prevention & Intervention in the Community, psychology professor at DePaul University, Ill.

By Paula Hartman Cohen
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Medication Reconciliation

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

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

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

Important steps for the practitioner:

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

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

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

"JCAHO reports that 60 percent of medication errors are a result of communication failures."
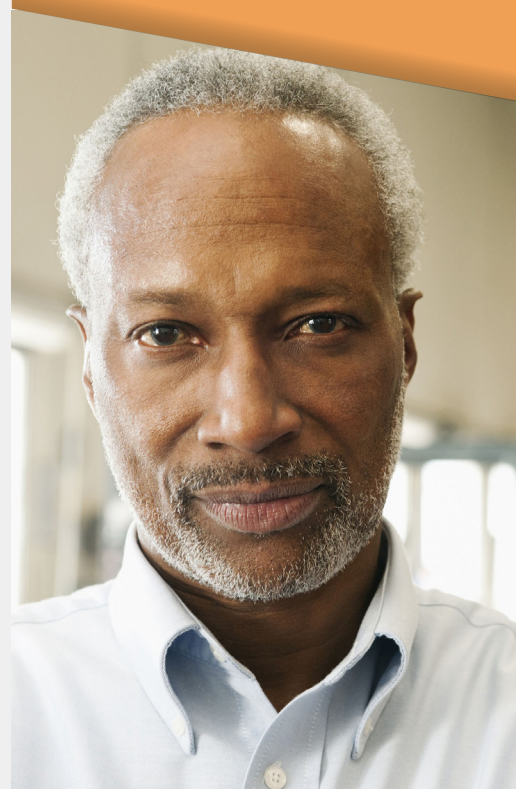
4. E-Prescribing programs can allow access of medications prescribed by other providers. Comparing the available information with your prescriptions is an effective method of medication reconciliation. If you E-Prescribe, check for this feature.

5. If you are participating in an EHR incentive program, medication reconciliation is a recommended meaningful use. Click here to view the CMS EHR incentive programs. Contact your EHR vendor for implementation within your program.

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

Maintaining Accurate Demographic Data for Member Referrals

To maximize your business potential and assist us with providing accurate referrals for members seeking services, we ask all of our providers to maintain accurate demographic data. As a Qualified Health Plan through CMS (Centers for Medicare and Medicaid Services), ValueOptions must also be compliant and provide an accurate, easily accessible provider directory. As outlined in our Provider Handbook, we ask all participating providers to contact us with any demographic changes in advance, whenever possible and practical.

As our members look for providers, they 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 to ensure information reflected in our online directory is accurate.

Recent enhancements to our ProviderConnect portal now permit providers to electronically input information to update their Tax Identification Number and billing information online. The W-9 was also conveniently modified to be an editable W-9 form that can be downloaded, saved and then uploaded to ProviderConnect right from our website.

ValueOptions verifies demographic data through various channels, including CAQH (the Council for Affordable Quality HealthCare) and provider self-reporting through online ProviderConnect submission or paper form. In order to assure your file is current, we encourage you to become familiar with these platforms and review where you update your information on a regular basis to maintain consistency across all of your participating companies and managed care organizations.

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. ET, Monday through Friday. In addition, you may also reach out to your local Regional Provider Relations' team via email should you have a situation not addressed here (e.g., upcoming retirement).

"As outlined in our Provider Handbook, we ask all participating providers to contact us with any demographic changes in advance, whenever possible and practical."

ICD-10: Post October 1, 2015

The transition to ICD-10 occured on October 1, 2015. It is our hope that all of our providers were well prepared and are experiencing business as usual. You may have received a recent call or an email related to the ICD transition – we are here to help make this process as smooth and seamless as possible to ensure there is no interruption in claims' payment or patient care. In addition, we continually update our online resources, which are located on our website's ICD-10 Spotlight page.

As always, we encourage providers to use our online ProviderConnect portal to verify member benefits and eligibility, as well as submit or view authorizations and claims. When submitting authorizations through ProviderConnect, did you know you can select the category from the dropdown menu and then click diagnosis code to access a list of appropriate codes?

We have established a dedicated ICD "Swat Team" to help providers navigate the transitional waters. This team is also actively assisting with outreach calls related to claim denials.

Should you have general transition questions, the ICD team is available at 800.397.1630, option 6 between 8:30 a.m. and 5 p.m. ET, Monday through Friday. If you have questions about our ProviderConnect portal, our EDI help desk can be reached at 888.247.9311, between 8 a.m. and 6 p.m. ET, Monday through Friday. For assistance with specific billing or authorizations questions, we encourage you to reach out to the appropriate customer service team depending on the member's benefits.

"You may have received a recent call or an email related to the ICD transition – we are here to help make this process as smooth and seamless as possible to ensure there is no interruption in claims' payment or patient care."

Beacon Health Options Launches a Pilot Program in NYC To Assist Members in Getting to Ambulatory Detox

On August 1, 2015, Beacon Health Options (Beacon), in partnership with EmblemHealth and Parallax Center of New York, began a new pilot program to minimize barriers (more concretely, transportation) for members who would benefit from ready access to ambulatory detox. The pilot was prompted by Beacon's recent White Paper on Opioid Use Disorders, which encouraged providers to use Medication Assisted Treatment (MAT). At this time, the project is limited to New York City and the outer boroughs.

The purpose of the project is to gain a better understanding of detox utilization by analyzing barriers connecting members with substance use disorders to community services and supports. Our goal is to identify appropriate interventions developed in collaboration with detox facilities. The ultimate objective is to decrease frequent use of higher levels of care and improve connections to care.

More specifically, the NYC Engagement Center is to:

- Identify facilities with the high numbers / high percentage of detox users

- Develop and implement intervention methods for Intensive Case Management (ICM) teams

- Reduce the rate of non-medically necessary inpatient detox utilization by connecting the member with community services / supports

Our partner, Parallax Center, is the largest ambulatory detox facility in the NYC area. Parallax provides intakes and detox seven days a week. Intakes can be accomplished in 3-4 hours for a new patient. Detox programs range from five days for alcohol to approximate ten days from opioids. Members are able to continue to work and live in their communities while detoxing safely.

The Beacon ICM team in NYC works actively to connect the member to the appropriate level of care and continues to engage the member to ensure they are attending treatment. The ICM works with our transportation vendor to provide immediate car service to Parallax at the beginning of detox and then arranges for daily transportation throughout the initial phase of detox.

Over the course of care, the member is transitioned to public transportation and provided a MetroCard if needed to ensure that transportation is not a barrier to treatment. ICM will contact member daily to remind them of their sessions and can meet the member at ambulatory detox if necessary for coordination of care. Constant coordination with Parallax and the member is key to a successful outcome.

Should you have questions regarding the NYC ambulatory detox pilot program, you may email NYCClinicalDept@ ValueOptions.com.

Updates Regarding AMA ABA Coding Changes for Providers Serving Group Health Incorporated (GHI) Members

As communicated previously, the American Medical Association (AMA) published Current Procedural Terminology (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.

GHI will be moving to the new AMA ABA CPT codes effective January 1, 2016. Billing will continue using the current HCPCs codes until December 31, 2015. Beginning January 1, 2016, all claims and authorizations will need to reflect the new coding structure.

The New York Provider Relations team is prepared to assist if you have additional questions or concerns. You may email newyorkservicecenter@ valueoptions.com and indicate that you want to discuss GHI and the new ABA codes.

Annual Review & Revision of the ValueOptions' Provider Handbook

ValueOptions has completed the annual review and revision of the Provider Handbook. The Provider Handbook outlines ValueOptions' standard policies and procedures. Providers are encouraged to carefully review the Handbook as well as visit any relevant Network-Specific page to verify which policies and procedures are applicable to them.

An extension of the provider agreement, the Provider Handbook includes business guidelines, including policies and procedures for individual providers, affiliates, group practices, programs and facilities. Together, the provider agreement, addenda, and the handbook outline the requirements and procedures applicable to participating providers in the ValueOptions' network(s).

Questions, comments and suggestions regarding the Provider Handbook should be directed to ValueOptions at 800.397.1630, Monday through Friday, from 8 a.m. to 8 p.m. ET.
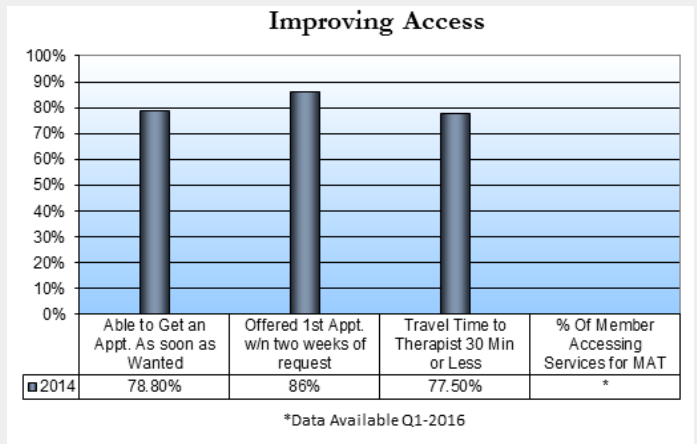
Improving Access to Behavioral Healthcare Practitioners

The ValueOptions' North Carolina Operations Center (NCOC) monitors practitioner availability quarterly to ensure a comprehensive and highly accessible network is available to all ValueOptions members. Data indicates small communities are less likely to have the same availability than larger market areas.

To identify network issues, member satisfaction surveys and complaints data are reviewed to measure the member's experience with practitioner access and availability. Review of data from 2014 demonstrates that less than 80% of members reported the following: not being able to get an appointment as soon as desired, not offered a first appointment within two weeks of request, and reported travel time to a therapist outside of 30 minutes or less. An interdepartmental quality management committee identified these areas needing improvement.

An additional issue identified is members not having access to medication assisted providers available at pertinent junctures. Pertinent junctures could be defined as: transitions of care, step down from inpatient to LLOC, step up to HLOC or discharge to outpatient for community based care. Specific medication assisted treatment prescriptions would include: Methadone, Buprenorphine, Suboxone, Subutex, Oral Naltrexone (ReVia) and Injectable Naltrexone (Vivitrol) that could be used by members receiving medication assisted therapy.

All of these factors may have an impact on overall member perception of treatment, care and satisfaction.

Improving Access

	Able to Get an Appt. As soon as Wanted	Offered 1st Appt. w/n two weeks of request	Travel Time to Therapist 30 Min or Less	% Of Member Accessing Services for MAT
2014	78.80%	86%	77.50%	*

*Data Available Q1-2016

The above are the results for the baseline period of January 1, 2014 - December 31, 2014. Quality initiatives and plans will continue to be developed, implemented and analyzed to insure our network and services are accessible to our members.

Attention Providers: Substance Use Disorder 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.

Webinar Opportunity: Giving Value Back to our Providers

If you are a new provider with ValueOptions or looking for a refresher course on Fraud, Waste & Abuse to make sure you remain compliant within your practice, then we invite you to join us for our quarterly "Giving Value Back to the Provider" webinar series. We have two sessions scheduled for early December and encourage you or your administrative office staff to register for the one that best fits your schedule.

In addition to program integrity, this presentation will provide a company overview and explanation of various processes, such as credentialing and clinical operations. We'll share recent initiatives and ongoing activities as well as review electronic resources available to our provider community.

To register for one of our upcoming sessions, simply click one of the links below:

Thursday, December 3, 2015, 2:00 p.m. – 4:00 p.m. ET
Friday, December 4, 2015, 11:00 a.m. – 1:00 p.m. ET

ProviderConnect & You: Supporting E-Commerce

We encourage providers to use our online resources – and we have many. Our website contains a wealth of knowledge, including video tutorials, Network Specific pages, compliance information and our online portal, ProviderConnect. There is no cost to use ProviderConnect, and most times, you can input or upload information for requests directly through the portal, saving postage, time and the environment!

On a monthly basis, we offer webinars to review ProviderConnect functionality. Topics vary from high level overview, designed for new providers or first-timers still getting used to the portal to in-depth demonstrations of claim submission and authorizations for those who would like a more detailed look at how ProviderConnect can streamline your administrative processes.

To register for an upcoming session, click the links below:

Authorizations on ProviderConnect
Thursday, November 12, 2015 1:00 p.m. - 2:30 p.m. ET

ProviderConnect Claims
Tuesday, November 17, 2015 2:00 p.m. - 3:00 p.m. ET
Thursday, December 10, 2015 11:00 a.m. - 12:00 p.m. ET

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.

Authorizations on ProviderConnect		
Thursday, November 12, 2015	1:00 p.m.-2:30 p.m. ET	Register Here!

ProviderConnect Claims		
Tuesday, November 17, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
Thursday, December 10, 2015	11:00 a.m.-12:00 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		
Tuesday, November 10, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
Wednesday, December 16, 2015	2:00 p.m.-3:00 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		
Thursday, December 3, 2015	2:00 p.m.-4:00 p.m. ET	Register Here!
Friday, December 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.