

October 2015

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Decision Making: Preventing Brain Drain

No one wants to make bad choices. But how do we get to the point where we do?

Making decisions over and over again throughout the day takes a toll on the brain. Think about the last time you had to make a bunch of choices in a short period of time. Perhaps you were creating a bridal registry in a department store, or putting an addition on your home, or packing for a long trip. If you think about how you felt at the end of these decision-making activities, you may recall feeling like you no longer cared so much about the outcome so long as you could be done with the task at hand. You were suffering from “decision fatigue.”

What is decision fatigue?

When the brain must make hundreds of choices throughout the day, eventually the brain stops weighing choices as it would for the first decision of the day. The brain starts to falter after making many choices throughout the day, and it begins to take the easiest route to making choices, reaching the safest conclusion.

A New York Times Magazine article described a study in Israel in which prisoners went before a parole board made up of a social worker, a judge and a criminologist. The study found that prisoners who went before the parole board early in the morning, no matter what the crime, had a better chance of being granted parole than those who were scheduled later in the day. The reason? The brain gets tired of making choices, and in the end looks for shortcuts. The study showed that eventually, and especially later in the day, the parole board made the easier choice, which was to deny parole rather than agonize over decisions.



“Choose a low stress day to think about all the angles of an important decision, and give the decision the mental energy it needs.”

What exactly does this study mean? What do we do about the fact that we can't make decision after decision without the quality of our choices being negatively affected?

Protecting against decision fatigue

The brain needs breaks. This means taking a few minutes throughout the day to relax the brain and not focus or make choices.

- **Relaxation exercises can greatly lower stress and lighten cognitive burdens.** Try focusing on your breathing, and clearing your mind of whatever thoughts come to mind by saying “I will let go of this thought and return to my breath.” It can be helpful to repeat a mantra or a prayer with deep breaths, or count to yourself as you breathe: “In...1, 2, 3...out...1, 2, 3 ...”
- **Brisk walking can increase energy and lower stress.** Exercise oxygenates the blood and increases blood flow. Try taking a quick walk outside, where there is fresh air to stimulate your senses, and daylight to refresh and orient you to the natural light of the day.
- **If it has been a while since your last meal or snack, your blood sugar may dip in response to running out of food for energy.** Even a slight dip in blood sugar can leave you feeling shaky and fatigued. Snacking on healthy foods can replace energy and help focus return to normal. A snack that has both complex carbohydrates and lean protein will help with energy right away and keep your energy level stable for hours. Carbohydrates stop the immediate signs of low blood sugar, and protein gives a fairly longstanding source of energy because it is metabolized slower than carbohydrates.
- **Take a nap!** David Dinges, a sleep scientist who studied napping in the 1980s, found that short periods of sleep have the potential to improve:
 - working memory
 - motor skills
 - mood
 - decision making

Dinges also noted that naps can lower heart disease risk and stress levels, and cut down on errors caused by carelessness. If you can find a quiet space to close your eyes for 15 to 30 minutes, you may find yourself dramatically revived by it. For example, if you get home from work feeling mentally tired, try taking a brief nap before figuring out what to make for dinner.

Make major choices when well rested

Tough choices—ones that affect the course of your life—should be made when you are fresh and have the brain power to devote to all the details involved in your decision. For example, don't wait until after work, or after a long day of making many choices, to then force your mind to make a decision that will impact the path your life takes. Choose a low stress day to think about all the angles of an important decision, and give the decision the mental energy it needs.

Sources: “Do You Suffer From Decision Fatigue?” by John Tierney, New York Times Magazine, Aug. 21, 2011; “NASA-supported sleep researchers are learning new and surprising things about naps,” NASA. 2005-06-03, http://science.nasa.gov/headlines/y2005/03jun_naps.htm; UltraPrevention; MindTools, http://www.mindtools.com/pages/main/newMN_TED.htm

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The Road Ahead: Rebranding Update

As you know, after combining ValueOptions with Beacon Health Strategies, LLC at the end of 2014, we have been hard at work during the past several months with preparations for rebranding our company as Beacon Health Options. Today, ValueOptions and Beacon Health Strategies exist as two distinct corporate subsidiaries of our parent company, FHC Health Systems, Inc. Our goal all along has been to complete our transition to the new Beacon Health Options branding by January 1, 2016. With this goal in mind, we are happy to share some exciting news.

We have initiated the process by which we will legally change the name of ValueOptions to Beacon Health Options (Beacon). Our legal team anticipates that we will complete this process by the end of 2015. As ValueOptions' providers, there are several things to keep in mind:

- Beacon Health Options will be the same company as ValueOptions. It will have the same Internal Revenue Service employer identification number, only with a new name. As we finalize and approach the date for this name change in late 2015, we will be providing notification to our providers of this confirmed change, followed by a contract amendment.
- We are rebranding provider-facing materials such as webinars, newsletters and other communications.
- We are working closely with our operational leaders to ensure that all member-facing electronic and print materials are rebranded as Beacon in the months to come, beginning with open enrollment materials.
- Similarly, where possible, it is our goal to align changes in administrative correspondence and call center phone scripts based on each client's plan year. Nothing will change regarding the way you contact us or interact with us on a daily basis.
- Soon, all Beacon employees will begin to use new @beaconhealthoptions.com email addresses. With this change, existing @valueoptions.com addresses will seamlessly redirect to these new Beacon email addresses, so there will be no missed communications.

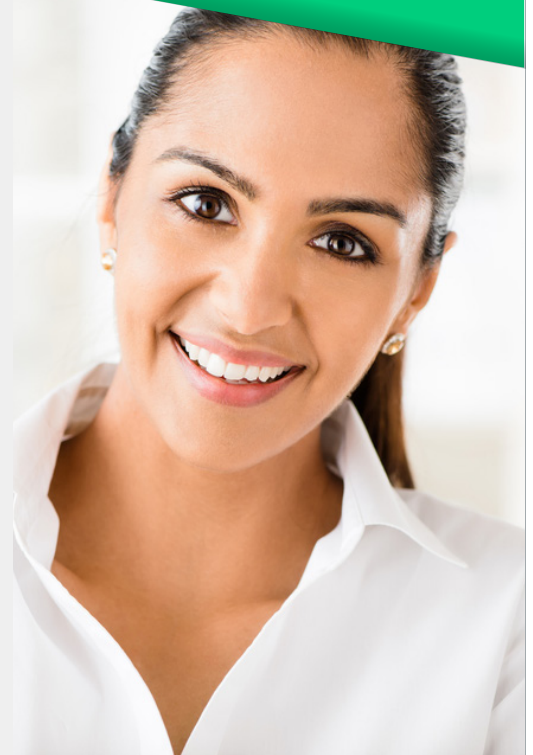
As you've experienced so far, there will continue to be some co-mingling of ValueOptions and Beacon Health Options branding, with that decreasing over time. While we are excited to share these upcoming updates, we recognize that it is a time of transition for everyone. Given the volume and systemic complexity of some of these changes, this is a staged process. And we are taking every precaution, including erring on the side of over-communicating, to ensure that there is no confusion for our valued providers, clients and members.

ICD-10: The Time has Arrived!

We are excited to finally announce that the ICD-10 transition is complete and our systems are upgraded to accommodate the new coding structure. Over the past year or more, we have:

- Developed project teams
- Completed gap analysis and performance requirements
- Designed system enhancements
- Developed, tested and implemented our systems

“Our goal all along has been to complete our transition to the new Beacon Health Options branding by January 1, 2016. With this goal in mind, we are happy to share some exciting news.”



- Trained internal staff and billers, providers and IT staff
- Tested with providers and trading partners

In compliance with the October 1st deadline required by Centers for Medicare and Medicaid Services (CMS), everything is up and running and we have communicated with our provider community to ensure readiness.

So now what?

ICD-10 has approximately 69,000 codes and is intended to improve documentation. This means the codes you bill for dates of service October 1, 2015 and beyond need to be as specific as possible. While we cannot tell you how to bill, there are many resources we can offer to assist you with this process:

- [Frequently Asked Questions](#): Recently updated, this document on our website now includes the following coding conversion tools:
 - [CMS ICD-10 Code Lookup](#)
 - [Coding Conversion Tool](#)
- Provider Trainings: On our [ICD-10 Spotlight page](#), you can locate recorded provider trainings and slide decks which review ICD history, readiness and contact information
- Additional CMS Resources: Also located on our [ICD-10 Spotlight page](#)
- [ProviderConnectSM](#): While submitting authorizations through our online portal, select the category from the dropdown menu and then click diagnosis code for a list of appropriate codes.

Should you have any questions, we encourage you to continue to reach out to the appropriate customer service team depending on the member's benefit plan. If you have specific questions about the ProviderConnect portal, our EDI Help Desk can be reached at 888.247.9311, Monday through Friday between 8 a.m. and 6 p.m ET.

Confidentiality, Privacy & Security of Identifiable Health Information

Providers are: (a) expected to comply with applicable federal and state privacy, confidentiality and security laws, rules and/or regulations, including without limitation the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules and regulations promulgated thereunder, and 42 C.F.R. Part 2; and (b) are responsible for meeting their obligations under these laws, rules and regulations, by implementing such activities as monitoring changes in the laws, implementing appropriate mitigation and corrective actions, and timely distribution of notices to members, government agencies and the media when applicable.

In the event that ValueOptions receives a complaint or becomes aware of a potential violation or breach of an obligation to secure or protect member information, we will notify you using the general complaint process. Providers are required to respond to the allegations and/or requests and implement corrective action as communicated.

Providers and their business associates interacting with ValueOptions' staff should make every effort to keep protected health information secure. If you do not use email encryption, we recommend sending protected health information to ValueOptions via inquiry through ProviderConnect or secure fax.



For additional information on how to send secure email to ValueOptions, visit "General Information" on our [Compliance page](#).

North Carolina Operations Center: Intensive Case Management Program

Intensive Case Management (ICM) is defined as a collaborative process for assessing, planning, implementing, coordinating, monitoring and evaluating options and services to meet an individual's behavioral health needs. Communications and available resources are used in conjunction with other strategies to achieve optimum member outcomes.

ICM offers assistance to the member including pre and post-discharge coordination with medical managed care delivery system, individualized case management services including patient safety education and monitoring, and disease specific educational materials.

The ICM team targets members based on high-risk criterion or diagnostic categories. Conditions identified with high-risk safety needs include those adults and children who meet the following admission criteria:

- Multiple admissions or rapid re-admits to one or more of the following:
 - Inpatient programs
 - Emergency Room (ER) visits
 - Higher Level of Care (HLOC)
- Members with a diagnosis of bipolar disorder or major depressive disorder and/or have a co-occurring medical condition.
- Members with a history of non-compliance, including outpatient.
- Complex co-morbid behavioral and medical health conditions, including but not limited to diabetes, asthma, heart disease/cardiac issue, obesity, HIV, pregnancy at risk for or diagnosed with postpartum depression or psychosis.
- Special vulnerable population segments (with no evidence of ongoing treatment support to resolve potential issues associated with their condition):
 - Pregnant women with substance abuse disorders
 - Child 5 yrs. old or younger with Bipolar diagnosis
 - Child 10 yrs. old or younger with Inpatient admit
- High utilizers: Member in the top 1 to 5% of overall behavioral health service utilization for service population.
- New and/or Unstable High Risk Diagnosis (Eating Disorder, Schizophrenia, Schizoaffective, Dissociative Identity Disorder): "unstable" defined as recent (past six months) admission to inpatient / higher level of care or a new diagnosis, and no indication of ongoing treatment or supportive services subsequent to the discharge or the indication of a new diagnosis.
- Medical Care Coordination / Integrated Care: Members with health issues including chronic pain and possible behavioral health concerns are referred for screening and service coordination as needed.
- Members hospitalized for a medical condition that have a co-existing substance abuse/use disorder.

Cases are referred from a variety of sources, including medical rounds, health plans, providers, data analysis, or member/family self-referrals.

"The ICM team targets members based on high-risk criterion or diagnostic categories."



Appointment and Availability Standards

ValueOptions has established standards for participating providers to ensure that our members can obtain the care they need within a reasonable time frame. As specified in the [Provider Handbook](#), the following are standards of availability for appointments which participating providers are required to maintain. There may be exceptions based on specific client and/or government sponsored health benefit programs.

Emergency (life-threatening):

In an emergency situation, the member should be seen in person immediately or referred to appropriate emergency service providers. Participating providers who do not maintain twenty-four (24) hour coverage must maintain a system for referring members to a source of emergency assistance during non-business hours. The preferred methods are through a live answering service or an on-call pager system. However, participating providers may elect to maintain a reliable recorded answering machine system through which members experiencing an emergency are given clear instructions about how to access immediate assistance after hours.

Emergent:

In an emergent situation, the member should be seen within six (6) hours of the request for an appointment or referred to appropriate emergency service providers.

Urgent:

In an urgent situation, the member must be offered the opportunity to be seen within forty-eight (48) hours of a request for an appointment.

Routine:

In a routine situation, a member must be offered the opportunity to be seen within 14 calendar days or 10 business days of a request for an appointment.

It is important that all providers adhere to the above standards. If you are not able to meet these access standards, please refer the individual to their clinical referral line so ValueOptions can offer additional referral options.

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 information in our files. 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 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. ET, Monday through Friday.

“ValueOptions has established standards for participating providers to ensure that our members can obtain the care they need within a reasonable time frame.”




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 with ASAM (American Society of Addiction Medicine) criteria. 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 click [here](#).

Provider Demographics: New Method to Update Tax Identification Number

We listen to feedback and continue to enhance our website to increase efficiency. Recently, the W-9 substitute form on our website was replaced with an editable version of the IRS Form W-9. This [editable W-9 form](#) is designed for providers to type in their information allowing for clearer forms, resulting in fewer questions and issues in processing. In keeping with our E-Commerce Initiative, the new form can also be downloaded, saved and uploaded to ProviderConnect, eliminating the need to mail.

To do this, go into "Update Demographic Information" and verify the Federal Tax ID information when creating a new address, and then upload a current W-9 as shown below.

Federal Tax ID *  Tax Id Type: *

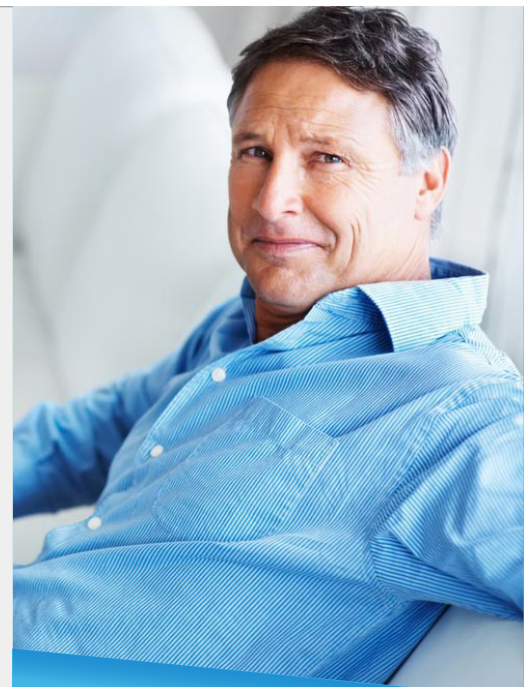
Note: You have entered a Tax ID that is currently not on file with ValueOptions, please upload a supporting W-9 form using the Browse button given below and provide a reason.

[Download a W-9 form](#) (Please click the hyperlink to access our administrative forms section and download the "W-9 Form")

Document Location *

Reason for requesting a new Tax ID: *

This information will then be processed and upon successful verification, the service location will be added to ProviderConnect. Our intent is to streamline the process to update Tax Identification Numbers and shorten processing time.



"In keeping with our E-Commerce Initiative, the new form can also be downloaded, saved and uploaded to ProviderConnect, eliminating the need to mail."

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

Wednesday, October 14, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
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Authorizations on ProviderConnect

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

Tuesday, November 17, 2015	2:00 p.m.-3:00 p.m. ET	Register Here!
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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

Thursday, October 8, 2015	1:00 p.m.-2:00 p.m. ET	Register Here!
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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](#).*