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For more information about articles, visit our Web site at [www.valueoptions.com](http://www.valueoptions.com). You may also e-mail the Editor at [thevaluedprovider@valueoptions.com](mailto:thevaluedprovider@valueoptions.com). *ValueOptions* is headquartered in Norfolk, VA.

## Better Service Through "Connections"

We proudly announce the implementation of ValueOptions Connections. An integrated platform of Information Technology (IT) applications, this new system enables streamlined efficiency in our service centers, as well as greatly enhanced Web-based and telephonic self-service capabilities for our members and providers.

### Internal operational enhancements

**ValueOptions ServiceConnect** offers customer service staff a state-of-the-art, interactive desktop interface. Representatives have immediate access to a member's complete ValueOptions' behavioral health service history. The new application enhances call center productivity and reduces overall call resolution time.

**ValueOptions BenefitConnect** serves as a comprehensive warehouse for all general client account information, benefits and eligibility requirements and appeals information, as well as claims and referral guidelines. This application reduces customer service call processing times, allowing more efficient service to our callers.

**ValueOptions CareConnect** allows clinical care staff to quickly focus on the most pertinent clinical data and to devise, monitor, follow-up, and report on individualized treatment plans for the members they serve.

**ValueOptions NetworkConnect** supports all credentialing and network maintenance activities. Users leverage

the application to effectively manage and maintain all information related to a provider's network participation.

### External self-service initiatives

**ValueOptions TeleConnect** (*coming soon!*), our new Interactive Voice Response system, will enable rapid, 24 hours a day, seven days a week (24/7) self-service resolution of many member and provider requests. Callers can check member eligibility, benefits or claims status and request a form to be faxed. Callers will always have the option of connecting to a live agent at any time.

**ValueOptions MemberConnect**, a Web-based self-service alternative, serves as a 24/7 one-stop shop for members who wish to complete everyday service requests online, such as checking benefits and reviewing claims status.

**ValueOptions ProviderConnect**, a Web-based self-service alternative, serves as a 24/7 one-stop shop for providers who wish to complete everyday service requests online. You can check eligibility, benefits, authorization and claims status, view correspondence online, submit claims and update your profile.

Read future newsletters and visit [www.valueoptions.com/providers](http://www.valueoptions.com/providers) for updates on these exciting initiatives!

### Great-West Life Implementation

ValueOptions is pleased to announce the implementation of a new account, Great-West Life, effective 4/1/06. Visit [www.valueoptions.com](http://www.valueoptions.com) for more information.

## Personal Note



Sabrina Houser, LPC, LMFT, PA  
Vice President, Corporate Provider Relations

Dear Provider Community,

Over the past 12 months, we have invested heavily in an array of Information Technology initiatives (see page 1). These initiatives are both internal for our employees and external for our members and providers. Each initiative, however, was designed to enhance our services for our providers and members.

A new initiative is our Outpatient and Inpatient Treatment Authorization process for our commercial accounts (Health Plans and Employer Plans). We consolidated the multiple forms across ValueOptions' service centers and implemented a process to help us gather quality data such as treatment history, relapse factors, and readmissions to higher levels of care (see page 3).

Our 2005 Provider Forums were a success. Many of you attended our forums in person or telephonically and learned about our processes and initiatives as well as information on major topics such as depression. Next year, we hope to offer the same quality presentations to our provider community.

Finally, the hurricanes along the Gulf caused great devastation. Many of you reached out independently, others partnered with us, and Crisis Care Network (CCN) offered assistance to those in need. We appreciate everyone's efforts to support our members and providers in their affected areas.

Thank you for the opportunity to serve you. I look forward to 2006!

## Success Depends on Smooth Transitions Initiation and Engagement in AOD Treatment

*Russ Thompson, Ph.D. ValueOptions' Peer Advisor, Long Beach, CA*

How many of us in our outpatient practices have been confronted with the challenge of engaging a patient, recently discharged from inpatient treatment for alcohol or other drug dependence (AOD)? It's difficult, and imperative! Outpatient care is the opportunity to carry lessons learned at a higher-level setting into the patient's real world.

An effective support system (including self-help options) identified while the patient is still inpatient as well as the identification of any co-morbid disorders are integral to success. However, so is the awareness on the part of the outpatient provider that intense focus and attention are going to be required to get the patient "hooked" on the recovery process itself. A highly structured and individualized treatment plan can be very helpful to the transition process. The plan should be developed prior to discharging the patient from higher-level treatment and should include a treatment contract agreed to by the patient.

### So, what's so good about recovery anyway?

Our patients are in many cases confronted with having to find new friends and pastimes. Many experience emotions never before felt or possibly felt but not desired. Guiding patients so that the experience is an

introduction into new possibilities and potential as opposed to an exercise in self-denial and deprivation is critical to winning patient buy-in; a key factor in treatment success. Familiarity with what the patient previously gained by using substances is essential if we are to assist them in filling those needs in other ways. More relapse occurs during transition between treatment phases than at any other time during AOD dependence treatment. While many consider relapse a normal part of the recovery process, stepping down from inpatient treatment presents a critical turning point for patients as they make the day-to-day, minute-to-minute decisions necessary to maintain a clean-and-sober lifestyle.

Effectively transitioning a patient to lower-level treatment and seeing him or her follow through with outpatient treatment and support regime is only the first step in completing a full course of treatment. It is a critical step and a big opportunity for patient and provider success.

*Several ValueOptions Service Centers are currently adopting the NCQA HEDIS standards on measuring Initiation and Engagement of AOD treatment. Engagement is an intermediate step between initially accessing care and completing a full course of treatment. This indicator assesses the degree of engagement by measuring if two additional AOD services occurred within 30 days after initiation.*

### What's New?

Our Web site ([www.valueoptions.com/providers](http://www.valueoptions.com/providers)) offers an online, self-scoring version of the CAGE (Cut, Annoyed, Guilty, Eye-Opener) self-screening questionnaire. The CAGE alcohol screening tool is brief (four questions), easy to use, and helps determine if an individual has a potential issue related to alcohol use. The CAGE is a validated instrument and an established standard of assessment. It is anonymous and can be administered in an interview with a patient. (*Click on Education Center*)





## ValueOptions Implements New Authorization Forms Process

In November 2005, ValueOptions implemented its new clinical system application: CareConnect. Based on feedback from our providers, CareConnect is designed to streamline the authorization process, consolidate multiple forms used across service centers and books of business, and standardize our authorization process so as to enhance data collection and outcomes measurement. In the future, ValueOptions will share comparative aggregate outcomes data with our provider network.

### What Does This Mean For You?

In order to capture needed information, we created **new Inpatient and Outpatient registration forms** to mirror the new system. We are asking our providers to **begin using these forms immediately** as the current Outpatient Treatment Report (OTR) and Inpatient Treatment Report (ITR) are no longer compatible with ValueOptions' information system. The new forms will be the primary forms used for requesting authorizations. The forms are listed to the right and can be accessed at [www.valueoptions.com](http://www.valueoptions.com).

### What's Not Changing?

The basic processes you are using today for obtaining outpatient authorization for ValueOptions' patients remains the same. Only the forms indicated to the right are changing. For example, if you currently request outpatient authorization by faxing an OTR to a specific fax number, please continue to send in faxes but instead use the new ORF1 form. If you currently obtain authorization telephonically

for Inpatient/Higher Levels of Care for any employer group or health plan member(s), you will continue to request this authorization telephonically. However, the information required via the telephonic review process will follow the new ITR format (use this form as your guide for the telephonic review process).

*For more information about what processes are not changing, visit ValueOptions' home page or the "for Provider" Web page at [www.valueoptions.com](http://www.valueoptions.com) and select "Important Changes in Authorization Process."*

**Note:** These new forms **ONLY** apply to ValueOptions' commercial/health plan members. The new forms **DO NOT** apply to ValueOptions' TRICARE Beneficiaries and Medicaid members in Arizona, Florida, Colorado, New Mexico, North Carolina, Pennsylvania, New Jersey, Massachusetts, Connecticut, and Texas NorthSTAR, so please use the same processes you use today for these members.

### What Does the Future Hold?

In early 2006, ValueOptions plans to simplify the authorization process even more by using TeleConnect and ProviderConnect as a means for submission and approval of authorization requests. When implemented, both of these enhancements will be available 24 hours a day, seven days a week. To further assist you in understanding these changes, Frequently Asked Questions (FAQ) are located at

### New Authorization Forms

**Inpatient Treatment Report (ITR) form** – used for authorization requests for inpatient and all alternative/higher levels of care

**Outpatient Registration Form (ORF1)** - used for routine outpatient care (excludes psychological testing requests). **NOTE:** The accompanying Psychological Evaluation Request (PER) form is also online.

**Medication Management Registration form** – this form replaces the current Medication Management Registration form and will be used for requests for Medication Management services only. ValueOptions' providers credentialed to offer medication management services can begin using this new form as of November 16, 2005.

**Outpatient Review Form (ORF2)** - In a small number of instances, additional information may be required for outpatient requests for services. ValueOptions will bring these instances to your attention and may ask you to provide this additional information on the ORF2, a companion form to the ORF1.

*Download forms by going to [www.valueoptions.com](http://www.valueoptions.com).*

[www.valueoptions.com/providers](http://www.valueoptions.com/providers) in the News and Forms sections. The FAQ will be updated as additional questions are posed by our provider community. You may also call the 800 number on the back of the member's ID card.





## ValueOptions' Top 10 Reasons to Visit Achieve Solutions Web Site

Achieve Solutions (AS) is designed with the member in mind, offering providers thousands of articles, assessment tools, quizzes, etc. Access AS at [www.valueoptions.com/provider/education](http://www.valueoptions.com/provider/education).

10. **Privacy**—technology ensures visitor confidentiality
9. **Convenience**—it's available 24/7
8. **Content credibility**—a strict editorial policy governs the creation and annual review of clinical content
7. **Interactive quizzes**—self-evaluations help the user assess potential risk for conditions such as depression or alcoholism and refer to additional online information
6. **Skill-building trainings**—conflict resolution and communication are just a few of the topics available
5. **Monthly promotion**—highlighted topics focus on key health observances and foster protective factors for mental health
4. **Breadth of subject matter**—more than 5,000 articles, across more than 200 topics such as depression, stress, parenting, elder care, child care and legal and financial issues
3. **Spanish-language version**—all text and navigational elements are in Spanish; about 600 articles and quizzes on most popular topics
2. **Manager's tools**—articles and interactive trainings to support managers
1. **Conversation starter/enhancer**—the site information and tools can complement your work with clients

## Repayment of Claims Funds

The ValueOptions Special Investigations Unit (SIU) is responsible for reviewing and monitoring claims and billings by providers to ensure payment has been properly requested and made. The SIU also monitors and investigates potential cases of improper billing and fraud. In the event that improper or fraudulent billings are identified, the SIU sends a detailed written report detailing the findings including a required Action Plan with specific recommendations. The following reflects changes made to our current policy in the event a provider is required to repay claim funds identified as part of a SIU investigation.

### What's Changing?

The SIU will specify a repayment requirement, if any, with the Action Plan. The repayment amount will be calculated by applying the deficiency ratio determined in the sampling process against the total payments made to the provider by ValueOptions. For example, if the audit sampling process discloses a 5% deficiency ratio, and

Effective January 1, 2006, changes regarding the Repayment of Claims funds will be incorporated in the Claims Billing Audit section of the Provider Handbook.

Our Web site is a vehicle for communicating any recent changes to our Handbook. We encourage you to go online for the most-up-to-date Handbook information. If you have questions about the Handbook, please contact our National Provider Line at 1-800-397-1630, Monday through Friday, 8 a.m. to 5 p.m. EST. for assistance.

the provider has received \$100,000.00 in payments from ValueOptions, the required repayment amount will be \$5,000.00. Once any Action Plan has been delivered, additional documentation will not be considered for the purpose of adjusting the deficiency ratio. Required repayments must be made within ten (10) business days unless an installment payment plan is approved.

## Education

ValueOptions would like to thank all who participated in our 2005 Provider Forums. We certainly enjoyed your company and hope that you make plans to join us next year. If you were not able to attend a Provider Forum you may view a Forum presentation by visiting [www.valueoptions.com/provider/education.htm](http://www.valueoptions.com/provider/education.htm). *NOTE: Where CME/CEU's are offered, only attendees may receive educational credits.*

We want you to help us plan our 2006 Provider Forums. If you have an idea

### What are providers saying about our Provider Forums?

*"Very well organized. Excellent handouts!"*

*"Very helpful!"*

*"Love you provider folks"*

*"Presenters were knowledgeable & pleasant"*

for a Provider Forum, online workshop, etc., send an e-mail to [thevaluedprovider@valueoptions.com](mailto:thevaluedprovider@valueoptions.com). Tell us your name, complete address, and the topic you would like presented. We encourage your feedback as we take your comments seriously, incorporating suggested changes that will help us meet your needs.





## NETWORK-SPECIFIC INFORMATION

### Great Lakes Service Center (GLSC)

#### Great Lakes Service Center Prevention Programs

The Great Lakes Service Center in Southfield, Michigan manages a preventive health program for postpartum depression. Its relevance lies in statistical findings that women of child-bearing age suffer more often with depression than with any other behavioral health problem. Download these materials from [www.valueoptions.com/provider/education](http://www.valueoptions.com/provider/education) or call (866) 228-8703 for copies.

#### Coordination of care between Behavioral Health Care and the Primary Care Physician

Safe and positive outcomes are more likely to occur when treatment planning is communicated and coordinated across the spectrum of the health care delivery system. Treatment records of behavioral health care providers are regularly audited by ValueOptions for evidence that coordination of care is in effect for all patients. The GLSC looks for (1) evidence that a process is in place for obtaining written consent from the patient to release medication information and other treatment-related information to the member's Primary Care Physician (PCP) and (2) evidence in the patient record that the coordination took place. This documentation can consist of a copy of a dated letter to the PCP, a fax transmission confirmation sheet or an initialed note at the bottom of the patient release form that identifies the date and the method of the communication. We appreciate your compliance with ValueOptions' standards.

#### GLSC Health Plan Division clients offer consumer-directed health care plan

Many of ValueOptions' clients are offering new benefit plans. These are high-deductible health plans (HDHP) that meet the requirements for members to qualify for tax-favored contributions to a Health Savings Account (HSA) under the Medicare Prescription Drug Improvement and Modernization Act of 2003.

Members' ID cards will indicate that they participate in an HSA/HDHP plan. These plans have a combined annual deductible that is shared with medical, behavioral health and pharmacy benefits. It is very important that Providers bill ValueOptions before a member is charged to ensure they are collecting the appropriate amount from the member. Due to this coordination of deductibles, members should not be asked for payment at the time of service.

These deductible plans will follow the same authorization policies for the plans that are currently in place. Claims follow the same billing guidelines as the standard plans. If you have any questions, please call the number on the back of the member's ID card.

### California

#### Attention All EAP/MHSA Providers!

This is a reminder to check the member benefits regarding self-referral from EAP to MHSA. Many companies, such as Boeing, do not allow for this.

### Northeast Service Center (NESC)

#### Attention HealthAmerica

#### Providers Timely Filing of Claims

The NESC urgently requests adherence to the timely filing of clean claims! Providers are required to file "clean claims" within 90 days from the date of service. Providers submitting claims more than 90 days after the date of service may be denied due to untimely filing and are prohibited from penalizing beneficiaries by billing for such services. The claim must match the authorization for a claim to be paid correctly. Call (866) 834-1717 for more information.

#### Attention HealthGuard Providers!

HealthGuard of Lancaster, Inc. will stop operating by the end of February 2006. Subsequently the MHSA management for their members under ValueOptions will terminate at that time. Until that termination date, employer groups will be transitioning coverage to Highmark and other insurers. We strongly encourage you to submit claims for any services provided to HealthGuard patients to ValueOptions immediately following the delivery.

#### NCQA Update

ValueOptions NESC is committed to maintaining excellence in care and service and fulfilling National Committee for Quality Assurance (NCQA) accreditation standards for behavioral health. To view our NESC KeyUpdates Newsletter, log into [www.valueoptions.com/provider/contractspecific/northeast\\_schp.htm](http://www.valueoptions.com/provider/contractspecific/northeast_schp.htm) or call Carrie Turner at 1-800-322-4824, ext. 2827, to request a hardcopy.





## Evidence-based Best Practices in Critical Incident Response Services

*Bob VandePol, President, Crisis Care Network*

We face both a tremendous responsibility and honor to be there for someone on what might be the worst day of his/her life. This is not ordinary work. It is work that changes lives, restores hope, and renews vision for the future. It is work that calls for commitment and excellence. It is work that stretches behavioral health professionals outside of their typical clinical practice and training. We must do it well.

Often those involved in the delivery of critical incident response services were initiated via “baptism by fire” when an urgent, perhaps frantic, request pulled them into a surreal scene. Application of general clinical training and a heavy dose of “compassionate loitering” was likely experienced favorably by those impacted but left the behavioral health professional wondering if her/his efforts were truly helpful, inert, or even harmful. Again, we must do it well.

Delivery of these services to the workplace also requires an expanded understanding of corporate culture, objectives, and procedures typically not

addressed in standard clinical training. The behavioral health professional may be called upon to consult with Human Resource, Risk Management, Security, and Legal professionals regarding facilitation of both individual and organizational recovery.

ValueOptions and Crisis Care Network partner in the delivery of such services every day following incidents such as robberies, employee death, catastrophic accidents, assaults, and natural disasters. Together, they are committed to delivering competent compassion consistent with evidence-based best practices. We recommend that ValueOptions Affiliates participate in the training “Critical Incident Response in the Workplace: Advancing Best Practices Around the Globe.” Development of this online/on-site training engaged an international team of leading early psychological intervention researchers, professional associations and international training and service organizations. For more information visit [www.crisiscare.com](http://www.crisiscare.com).

### Provider Relations

1701 Will-O-Wisp Drive  
Virginia Beach, VA 23454

### Provider Trivia

Due to the devastation caused by hurricanes in the Gulf, ValueOptions will not hold a Provider Trivia for this quarter. Funds were donated to the Hurricane Relief efforts. We'd like to thank you in advance for understanding.

**Congratulations: Provider Amy Miller, Tompkins County Mental Health** is the winner of the Summer 2005 issue Provider Trivia. **Answer:** *I would need to contact you at (888) 247-9311 option 3 to have my Submitter ID changed from test mode to production mode.*

### 2006 Changes to CPT Codes

The American Medical Association's (AMA) CPT Editorial Panel will replace the existing Current Procedural Terminology (CPT) ® psychological and neuropsychological testing codes with an expanded set of codes beginning Jan. 1, 2006. The existing codes will not be accepted after Dec. 31, 2005. **Note: Your claim will be denied if you do not use the most up-to-date codes.** Visit [www.valueoptions.com/provider/news.htm](http://www.valueoptions.com/provider/news.htm) or [www.apa.org](http://www.apa.org) for more information.

