

The Valued Provider

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For more information about articles, visit our Web site at www.valueoptions.com/provider/news.htm. You may also e-mail the Editor at thevaluedprovider@valueoptions.com. ValueOptions is headquartered in Norfolk, VA.

Announcing ValueOptions' CARE Team Program

ValueOptions believes in providing support to members and their families as they participate in their behavioral health and/or chemical dependency care. Through its Clinical Aftercare Recovery Experts Team (CARE Team), ValueOptions offers information and assistance as necessary to facilitate members' care.

The CARE team is a specialized case management program developed to function as a resource to members and providers. Members may be included on a case-by-case basis for a variety of reasons not limited to the following: complex co-morbid conditions, eating disorder issues, schizophrenia and multiple recent, behavioral health hospital admissions.

The CARE Team can help identify, link with, and access mental health services.

Consisting of licensed behavioral health professionals who work in partnership with members and providers, ValueOptions wants to ensure that treatment needs are being met and that services provided are within the benefit structure.

During the course of care and afterwards, members and providers are contacted by a member of the CARE Team (by mail and/or phone). Such contacts are made to (1) ensure that members are receiving the care necessary to meet their unique needs and (2) make certain that questions and/or concerns are addressed.

If your member is receiving CARE team services, ValueOptions staff will be contacting and coordinating with you. The CARE Team staff looks forward to partnering with you in this process.

Is Your Provider Profile Up-to-Date?

In 2005, ValueOptions' contracted with an independent auditing firm to confirm the accuracy of the provider file database. The survey results verified that ValueOptions is achieving a better than 90% accuracy rate on key demographic/referral information.

Our goal is to increase this number for 2006 and we need your help. Annually, ValueOptions sends out a Provider Data Verification (PDV) form to all of its providers requesting verification of the most up-to-date information in our files.

When you receive this form, please complete (identifying any needed corrections) and return to ValueOptions. We cannot

update your file without the signed, completed form. Doing so will ensure that you receive referrals and claims payment.

You may view your provider profile by going to www.valueoptions.com/providers.htm and selecting "View Practice Profile." You may also update your profile via ProviderConnect.

Provider Trivia Inside

Provider Forum Information

Visit www.valueoptions.com/provider/education.htm to view and register online for our provider forums.

Personal Note



Sabrina Houser, Ph.D.
Vice President, National Provider Relations

Dear Provider Community,

As always, I encourage you to read the newsletter in its entirety as this information is too important to miss.

Our *What's New?* section highlights important updates to the handbook as well as revisions made to the EAP Case Activity and Billing Form (p. 3).

We also have several recruitment efforts under way in which you or a colleague may find of interest (p. 8).

The accuracy of our provider files is important to us. Please read the article on page one (1) to see how you can help us keep our records up-to-date. You may view your practice profile by going to www.valueoptions.com/providers.

As you know, NPI is just around the corner. ValueOptions is currently engaged in a major initiative to fully review the NPI requirements so as to be in compliance by May 23, 2007. If you do not have your NPI, we encourage you to apply for yours today. Our newsletter provides more information about the NPI (p. 10).

For the latest news, remember to visit our Web site at www.valueoptions.com/providers.

HEDIS Measure of ADHD Medication Treatment for 2006

The Health Plan Employer Data and Information Set (HEDIS) is the most widely used set of performance measures in the managed care industry. HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to improving the quality of care provided by managed care organizations. HEDIS 2006 contains 67 measures across 8 domains of care including Effectiveness of Care, Access/Availability of Care, Satisfaction With the Experience of Care, Health Plan Stability, Use of Services, Cost of Care, Informed Health Care Choices, and Health Plan Descriptive Information. (See page 4 regarding results of HEDIS requirements for the GLSC.)

Within the last three years, there has been increasing emphasis on the development of additional indicators for measuring the effectiveness of behavioral health treatment. During 2005, a new measure, "Follow-up Care for Children prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication" was piloted. Since this measure assesses the performance of general pediatricians, psychiatrists, and non-prescribing behavioral health practitioners, it is critical that all practitioners understand the specifics of this new measure.

This measure assesses follow-up care for children prescribed an ADHD medication through two indicators.

1. Initiation Phase Treatment: Of those dispensed ADHD medication, the percentage of members, 6–12 years of age, who had one follow-up visit with a practitioner with prescriptive authority during the 30-day Initiation Phase.

2. Continuation and Maintenance Phase Treatment: Of those dispensed ADHD medication, the percentage of members, 6–12 years of age, who (a) remained on the medication for at least 270 days (nine (9) months), (b) had one initiation visit, and (c) had at least two additional follow-up visits with a practitioner within nine (9) months after the Initiation Phase. Emergency room visits do not count as an initiation or continuation phase visit.

Members who had an acute mental health or substance abuse inpatient stay during the 300 days after the earliest prescription dispensing date are removed from the measure. Please note that this HEDIS measure is based on claims information.

Please be aware that ValueOptions will begin to monitor our network's performance on this indicator in the near future.

While this measure does not depend solely on visits with behavioral health providers (visits with pediatricians will also count towards this measure), your support in following the guidelines for the frequency of seeing children started on ADHD medications will improve the HEDIS performance of our health plan clients.

As this measure becomes more well-established, we will also be able to assess whether following these guidelines for the frequency of evaluating children's response to ADHD medications is of benefit in terms of the outcome of the treatment.

More information about HEDIS can be found at: www.healthchoices.org/About/HEDIS.asp.



What's New ?

ValueOptions now providing EAP, Work/Life and Legal/Financial Services to UPS Members

ValueOptions is pleased to announce that UPS has added ValueOptions' Employee Assistance Program (EAP), Work/Life and Legal and Financial Services for their employees and their eligible dependents. The addition of these services represents an expansion of ValueOptions' existing relationship with UPS. Since 1991, ValueOptions has managed Mental Health and Substance Abuse (MHSA) care for approximately two-thirds of UPS' workforce. UPS is the world's largest package delivery company and a global leader in supply chain services.

The new program, called Solutions – Your EAP and Work/Life Benefit, became effective 6-1-06, and is administered out of ValueOptions' Texas Service Center in Coppell, Texas. The EAP benefit includes 6 visits per eligible beneficiary, per problem, per year. Work/Life services include resources and referrals related to child care, adult care, adoption, parenting, health and wellness, and education. Legal and Financial assistance includes a free, 30-minute legal or financial consultation, plus discounts if the attorney or financial advisor is retained.

ValueOptions looks forward to continuing our partnership with UPS. As a network provider, you are key to the on-going success of our partnership with UPS, and to the health and well-being of our UPS members.

Updates to the EAP Case Activity and Billing Form (CAF)

The updated CAF is located at www.valueoptions.com/providers. Changes are as follows:

1. Under Referral Source, removed Worksite Representative and added Supervisor (Informal) and Supervisor (Job Performance)
2. In the Presenting vs. Assessed Problem section, the following changes were made:
 - Changed Polysubstance to Mixed Alcohol and Drug Abuse in the Addictions category
 - Changed Hyperactivity/Inattention to Hyperactivity/Learning Problem in the Emotional/Psychological category
 - Added Situational/Adjustment Concern under the Psychosocial/Environmental category
3. The Risk Assessment has been re-designed to a numeric scale format (0, 1, 2, or 3) rather than a description (None, Mild, Moderate, Severe); also, this information is now requested at both case opening and case closing.
4. In the Functional Assessment section, minor wording changes were made and some of the items were re-ordered.
5. A space to indicate Employee Hire Date was added in the EAP Participant Demographic Information section.
6. New options in the Referral Type section were added, including No Referral beyond EAP as well as options for levels of care under Substance Abuse Treatment and Psychiatric Treatment.

Coming Winter 2006! An electronic version of the CAF will be available on our Web site. EAP Affiliates can complete the form electronically, then print it out and send to ValueOptions.

Provider Handbook Updates

Changes to SIU Repayment of Claims Funds Policy

The new policy reflects the following change:

The repayment amount will be based on the actual deficiency determined in the sampling process. The provider will be responsible for paying the actual amount owed based on ValueOptions' findings.

This information is located in the Claims Billing Audits Section of the online Provider Handbook located at www.valueoptions.com/providers.

Network Credentialing and Sanctions Policy Update

Organizational providers (facilities and programs) must be evaluated at the time of being credentialed/re-credentialed. Those who are accredited by an accrediting body accepted by ValueOptions (currently JCAHO, CARF, COA and AOA) must have their accreditation status verified. In addition, non-accredited organizational providers must undergo a structured site visit to confirm that they meet ValueOptions' standards. Standing with state and federal authorities and programs will be verified. (Visit www.valueoptions.com/providers for appropriate form.) ValueOptions will not reimburse a provider if a service is a non-credentialed and/or non-contracted Covered Benefit.

The new policy reflects the following change:

All locations where services are rendered or that fall under the same tax identification number will be considered a part of the ValueOptions Network.

What are providers saying about ProviderConnect?

ProviderConnect, our enhanced, online transaction service, is available 24/7 giving you the ability to submit single and multiple electronic claims. You can also view claims and eligibility status, update your provider practice profile, view correspondence (which includes authorizations), and so much more.

ProviderConnect has received over 1 million hits this year which means thousands are doing business electronically. What are providers saying about ProviderConnect?

"It is the most BRILLIANT piece of software ever created."

"ValueOptions ProviderConnect is an excellent one stop resource providing quick up-to-date information covering a variety of topics helpful to me and my psychiatry practice."

"I just love this Web site; it is very easy and efficient, thank you to the developers."

"I receive my reimbursement checks faster when I submit on the Web site."

What are you waiting for?

Sign up today at

www.valueoptions.com/providers

Coming Soon!

Request Authorizations Online
Read more about it in upcoming issues of *The Valued Provider*.

 **PROVIDERCONNECT**
VALUEOPTIONS

Network-Specific Information

Great Lakes Service Center (GLSC)

Quality Improvement Activities

The GLSC's Quality Management program is designed to monitor, identify and address opportunities for improvement across the entire range of clinical care and services through partnerships with our providers. The GLSC is dedicated to meeting and exceeding standards established by nationally recognized accreditation leaders in behavioral health such as the National Commission for Quality Assurance (NCQA) and the Utilization Review Accreditation Committee (URAC).

Results for 2005:

1. Ambulatory Follow-up after an Inpatient Discharge for Mental Illness: The rate for outpatient appointments within seven days of discharge for 2005 was 81.1% and the rate for appointments within 30 days was 91.7%. These rates exceed NCQA national benchmarks. Improvements are attributed to better discharge planning, active management by Great Lakes staff and partnership meetings with inpatient/outpatient providers. Our partnership with providers is key to continuous improvement in this HEDIS measurement. **ValueOptions encourages all providers to review the Ambulatory follow up materials at www.valueoptions.com/members/education.htm.**

2. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: The rate of members initiating treatment for 2005 was 72%. For members engaging in treatment, the rate was 55.8%. Both of these rates exceeded the NCQA 90th percentile national rates of 59.5% and 27.6% respectively. We seek to improve these rates even more with your help. This is a critical measure for HEDIS for our Health Plan clients.

3. Increasing Time in Community for Members Treated for Major Depressive Disorders in an Inpatient Setting: For 2005, the percentage of members requiring multiple admissions decreased by over 66%, days in the community increased by over 8 days, and the readmission rates decreased by 20%. With your help, we anticipate improving these rates in 2006. This measure is a part of the ValueOptions URAC submission for 2006.

4. Improving Timeliness of Complaint Resolution: The GLSC welcomes feedback from members and providers as this feedback helps us identify opportunities for improvement. In 2005, we were able to resolve 64.1% of all complaints within eight calendar days of receipt. Additionally, 94.2% of the members were notified of the resolution within 35 days. This is a direct result of your cooperation and partnership in with our complaint process. This measure is a part of the ValueOptions URAC submission for 2006.

5. Increasing Provider Satisfaction with the Utilization Process: This activity measures provider satisfaction with the timeliness of certification, Peer Advisor professionalism and courtesy and Peer Advisors giving applicable criteria for decisions. For 2005, there were substantial increases in satisfaction in all three areas by an average of 16.5%. The increase in satisfaction rates appears to be directly related to feedback given by providers during forums and individual meetings.

6. Decreasing the Average Speed of Answering Member Calls: The GLSC recognizes the average speed a member's call is answered (ASA) is an important measurement of our ability to provide reasonable access to services and care for our members. Our ASA ac-



cess goals are to meet/exceed the NCQA national benchmarks of (1) 85.5% of member service calls answered 30 seconds or less and (2) 6% or less for abandoned calls. In 2005, we decreased our ASA from 59 seconds to 22 seconds resulting in an increase from 65.4% in 2004 to 82.5%. We decreased our abandonment rate from 5.6% to 0.9%. To improve telephone access in 2005, additional staff was hired, improved efficiency in automated call routing prompts and monitoring of staff performance.

Member Satisfaction for GLSC:

Yearly, ValueOptions conducts telephonic member satisfaction surveys to obtain feedback on the services we provide. The survey measures many factors including services, accessibility, availability and acceptability. The results help us monitor member perception of the quality of care and services delivered by our providers. Results from the 2005 Member Survey show that 91.3% of the members surveyed were satisfied with the services received through ValueOptions. Additionally, members agreed that ValueOptions' therapists were caring, knowledgeable and courteous. Service users also indicated that they were highly satisfied with practitioner appointment availability. The following is a list of member satisfaction results for some key survey questions:

Quality of Service - Member Rating Therapist	
	2005
Sensitivity to cultural/ethnic issues	98.5%
Involves member in decisions	93.8%
Satisfied with setting treatment goals	94.8%
Able to get first appointment as soon as desired	91.3%
Able to get appointment within 7 days	82.7%
Able to get appointment within 14 days	94.8%

Provider Satisfaction for GLSC:

The goal of the annual provider satisfaction survey is to determine the level of provider satisfaction with ValueOptions' services and the delivery of those services. Overall provider satisfaction in 2005 for the ValueOptions Great Lakes Service Center shows an upward trend from 86% in 2004 to 90.9% in 2005. Providers also noted high satisfaction with telephone helpfulness and professionalism of our staff.

Satisfaction Survey Results 2004-2005		
	2004	2005
Overall satisfaction with services provided by ValueOptions	86%	90.9%
Timely certification of care	72%	92.9%
Helpfulness of the staff through the toll free 800 telephone	95.2%	100%
Peer advisors are courteous and professional	86.7%	93.3%
Helpfulness of ValueOptions staff in certification of care	72%	92.9%

Claims Operation Performance Results

As a follow up to the article on our provider satisfaction survey in *The Valued Provider*, Spring 2006 issue, our two commercial claims operations in Latham, NY and Southfield, MI would like to share their performance results for 2005 and the first half of 2006.

- Regarding claims processed in 30 days or less in 2005, both operations exceeded 98%. For the first 5 months of 2006, more than 99% of all claims were processed in 30 days or less.

Contributing to our quick turnaround is the increased use of electronic claim submission and direct submission to the ValueOptions' web site via ProviderConnect (located at www.valueoptions.com/providers). ValueOptions has a full time staff devoted to assisting providers with electronic submission. Our EDI helpdesk is available to assist you. Just call (888) 247-9311 option 3.

- Full time auditors in each location are responsible for reviewing processed claims on a random sample and high dollar basis. Results for both procedural and financial accuracy remain above 99%.

We appreciate your continued cooperation in providing all required fields and correct information when submitting claims. Questions regarding claim processes, may be directed to the customer service department through the toll free number listed on the member's ID card.



Great West Health Care

Important Information Regarding Claim Submission

Effective April 1st, ValueOptions became the administrator of behavioral health benefits for Great West health-plan members.

ValueOptions wants to ensure timely and appropriate claims payment. To assist us in this endeavor, we request that you:

Submit claims

within 90 days of the date of service.

&

Mail claims to

ValueOptions
P.O. Box 1980
Latham, NY 12110

If you are interested in electronic claims submission, contact our ValueOptions Electronic Claims Specialist at 888-247-9311.

If you have additional questions regarding Great-West, visit www.valueoptions.com/provider/contract-specific/great_west.htm or call our National Provider Line at 800-397-1630.

GLSC (continued)

Did You Know This About Utilization Management?

ValueOptions in no way rewards or incentives, either financially or otherwise, its network providers and practitioners, Clinical Care Managers and Physician Peer Advisors or other individuals involved in conducting utilization review, for issuing denials of coverage of service or inappropriately restricting care. All utilization related decisions are based upon the clinical needs of members, benefit availability and appropriateness of care.

Notice of Address Change for GLSC

The GLSC is still located in the same building but has a new suite number. Please make note of this change. The new address is

ValueOptions, Inc.
1 Towne Square, Suite 300
Southfield, MI 48076

Northeast Service Center (NESC)

ValueOptions Northeast Service Center NCQA Update

ValueOptions' Northeast Service Center is committed to maintaining excellence in care and service and fulfilling National Committee for Quality Assurance (NCQA) accreditation standards for behavioral health. For information on the following, log into our Web site at www.valueoptions.com, Click on providers, network-specific, northeast service center health plans, click Key Updates Newsletter.

- Quality improvement program structure and operations
- Access, availability, and cultural needs
- Satisfaction programs
- Treatment records/criteria and practice guidelines
- Coordination of care, quality improvement activity/initiatives
- Utilization information and guidelines
- Members' rights and HIPAA
- Preventive health programs
- Other quality improvement activity

If you do not have Web access please call Carrie Turner, ValueOptions, at 1-800-322-4824, ext. 2827, to request a hard copy.

Reminder Regarding Authorizations!

In March 2006, ValueOptions initiated new Outpatient Review Forms (ORFs). We want to remind you that for most members, prior authorization is required for all non-urgent services and that request for the services, via the ORF, must be submitted in a timely manner in order to be considered for authorization. (If you are not certain whether prior authorization for non-urgent care is required, please contact ValueOptions at the 800 number found on the back of the member's ID card.) Requested start dates for outpatient mental health treatment will only be considered up to 30 days before or after the date the request for services is received. For example: if the date of the request for services is 09/30/06, the start date can be from 09/01/06 to 10/31/06. Requests for start dates outside the 60 day range will not be authorized. You will be notified of your authorization. Please remember that you are precluded from billing members for services that are not preauthorized.



Empire Plan

Depression Resources Available for NYS Empire Plan Members

Beginning in October 2006, ValueOptions will offer a new depression identification and management program for NYS Empire Plan members. The program will provide enhanced service for those experiencing depressive symptoms including screening, education, referral, and care management.

Members will be able to call 877-7NYSHIP (877-769-7447), option 3 and request the work book, “Keys to Recovering from Depression” and other educational materials. A brief, confidential screen is available as well. ValueOptions’ participating providers are also encouraged to refer members to the program. The materials can also be accessed at www.valueoptions.com/members. Practitioners with questions are encouraged to call the provider line at 800-446-3995.

Treatment Goal Setting

The Empire Service Center monitors member satisfaction with treatment goal setting and progress made toward reaching these goals. Professional literature supports that developing an objective, measurable goal within a time frame, together with your client, promotes adherence to treatment and improves outcomes.

Formulation of a goal can be easier by keeping the following in mind:

1. **Identify the problem:** Problem descriptions should be related to the functional deficits or symptoms presented by the patient. Problems should be written so the behavior to be targeted in treatment is well defined and concrete. (“Social isolation” is an example.)
2. **Establish treatment goals based on the problem(s):** Keep in mind that treatment goals are measurable objectives that will be used to evaluate what the patient is expected to achieve. The expected behavior should be measurable in observable events. (In this example, a goal may be “to engage in more social activities”.)
3. **Establish a timeline:** Very often this is a best guess, but there should be some amount of time for resolution of the identified issue. (In this example, you may decide three (3) months is appropriate.)

Because each patient is an individual and responds to therapy in his or her own way, periodical review of the treatment plan is essential for positive outcomes.

New ValueOptions’ Privacy Statement

ValueOptions’ Privacy Statement is available online at www.valueoptions.com. Please take a moment to read this information as it describes our privacy and security practices for the ValueOptions Web site.

ValueOptions’ Top 10 Reasons to Visit Our Web Site

The ValueOptions’ Web site offers information and online tools for our valued providers. Visit www.valueoptions.com/providers.

Here are 10 reasons why a provider should visit our Web site:

1. View company news and up-to-date information.
2. Available 24/7, easy to use and secure.
3. Submit and review claims, check eligibility, update your practice profile, and so much more.
4. Access and download Forms.
5. Review the Provider Handbook that is always up-to-date.
6. Register for Provider Forums and receive immediate confirmation.
7. Access educational resources and tools (i.e. AchieveSolutions offers helpful member materials).
8. View current and archived versions of *The Valued Provider*.
9. Obtain information related to Network-Specific programs.
10. Find out who to call regarding questions or issues related to ValueOptions.



Reminder! Please Use New Clinical Authorization Forms

In *The Valued Provider*, Fall/Winter 2005 issue, we informed providers about our new authorization process and introduced new authorization forms.

This is a reminder for you to use the new Outpatient Registration Form (ORF), Inpatient Treatment Report (ITR) and Medication Management Registration Form to request services.

Don't forget!

For most clinical authorization requests, there is a single fax number and mailing address you can use. **Before submitting your request, please visit www.valueoptions.com/provider/news.htm and select "New Streamlined Clinical Document Submission Fax Number and Address Information" to see if the following applies to you.**

For inpatient or higher level of care requests for service, please submit your documents to:

Fax Number
866-497-9262

For outpatient requests for service, please submit your documents to:

Fax Number
866-702-9028
OR

Mail Address
ValueOptions
P.O. Box 1347

Latham, New York 12110

Also visit our website to access Forms and archived newsletters.

Provider Recruitment

Provider Recruitment for ValueOptions' Fair Hearing Process

ValueOptions is recruiting psychiatrists to be panel members as part of our Fair Hearing process. Panel members will be paid for their time.

If you have experience in serving on peer review panels related to credentialing decisions, send an email stating your interest, name, primary mailing address and phone number to Nadine Brown, Vice President of Credentialing, by one of the following methods:

Email:

nadine.brown@valueoptions

Fax:

757-893-8664
ATTN: Nadine Brown

Mail:

ValueOptions, Inc.
Provider Services
P.O. Box 4080
Virginia Beach, VA 23454
ATTN: Nadine Brown

Provider Recruitment for ValueOptions' EAP Panel

ValueOptions is looking for providers to serve on our EAP panel. If you are currently a Mental Health Substance Abuse provider and meet the EAP credentialing criteria (which is located at www.valueoptions.com/provider/handbooks/forms/administration/providercredentialingcriteria.pdf), **notify us at 800-397-1630** and indicate that you are interested in becoming an EAP provider.

Providers Wanted! Join ValueOptions' Speakers Bureau

ValueOptions is looking for qualified Mental Health and Substance Abuse providers to join our Speakers Bureau. The Speakers Bureau will help ValueOptions provide continuing educational opportunities for our valued providers. Presentation topics and materials must follow the guidelines of a national accrediting body such as the American Psychological Association (APA) and the Accreditation Council for Continuing Medical Education (ACCME).

If you are interested in joining our Speakers Bureau or would like more information, please send an email to thevaluedprovider@valueoptions.com and include the words "Speakers Bureau" in the subject heading. We are asking all interested providers to submit the following items for review:

- Letter of interest (Note: include name, address, and contact information)
- Resume or curriculum vitae (CV)
- Specialty topic(s) and reason as to why your presentation will add value to our provider and member communities
- PowerPoint Presentation (Note: presentation to be presented in a virtual environment)
- Type of credit presentation should provide (i.e. CME, CE, CEU, etc.)

Upon receipt of your email, a ValueOptions staff member will contact you. We look forward to your participation.

Provider Recruitment for ValueOptions' Provider Panel

ValueOptions is recruiting practitioners of all licensure types to serve its members in the areas listed.

If you know of any colleagues who are not a part of the ValueOptions' provider panel, please have them contact us at 800-397-1630.

State	County	City
AR	Fort Smith	Sebastian
AZ	Yuma	Yuma
CA	Avalon	Los Angeles
CA	Salina	Monterey
CA	Fairfield	Solano
CA	Fontana	San Bernardino
CO	Las Animas	Bent
CO	Fort Lyon	Benton
CO	Buena Vista	Chaffee
CO	Salida	Chaffee
CO	Avon	Eagle
CO	Eagle	Eagle
CO	Edwards	Eagle
CO	Vail	Eagle
CO	Glendwood Springs	Garfield
CO	Littleton	Jefferson
CO	Leadville	Lake
CO	Trinidad	Las Animas
CO	Sterling	Logan
CO	Montrose	Montrose
CO	Fort Morgan	Morgan
CO	La Junta	Otero
CO	Basalt	Pitkin
CO	Carbondale	Pitkin
CO	Lamar	Prowers
CO	Rifle	Rio Blanco

State	County	City
FL	Key West	Monroe
ID	Soda Springs	Caribou
ME	Caribou	Aroostocok
MN	Fairmont	Martin
MS	Brookhaven	Lincoln
NV	Las Vegas	Clark
NV	Winnemucca	Humboldt
NV	Battle Mountain	Lander
OR	Portland	Clackamas
OR	Asotria	Clatsop
OR	Klamath Falls	Klamath
OR	Portland	Multonah
OR	Portland	Washington
TX	Lufkin	Angelina
TX	Bryan	Brazos
TX	College Station	Brazos
TX	Brownsville	Cameron
TX	Pampa	Gray
TX	Houston	Harris
TX	Del Rio	Val Verde
TX	Laredo	Webb
UT	Cedar City	Iron
UT	Orem	Utah
UT	Saint George	Washington
UT	Roy	Weber
WA	Kennewick	Benton
WA	Pasco	Franklin
WA	Walla Walla	Walla Walla
WA	Bellingham	Whatcom
WI	Chippewa Falls	Chippewa
WI	Eau Claire	Eau Claire
WI	Park Falls	Price
WY	Rawlins	Carbon

State	County	City
WY	Thermopolis	Hot Springs
WY	Cody	Park
WY	Powell	Park
WY	Wheatland	Platte
WY	Jackson	Teton
WY	Evanston	Unita
WY	Worland	Washakie

Congratulations to Provider C. Philip Bein, LCSW, New Orleans, LA. Winner of a Palm Pilot.

Provider Trivia

Provider Trivia Question: According to the Centers for Medicare and Medicaid Services (CMS), what is the fastest way for most individuals and small organizations to obtain their NPI? Please submit the correct response to thevaluedprovider@valueoptions.com by November 15, 2006 to enter a drawing for a Palm Pilot. One entry per person. The winner will be notified and announced in our next newsletter. Good Luck!

Answer to the Spring 2006 Provider Trivia question: The primary number to call to obtain your Provider ID is (800) 397-1630. However, if your answer contained another valid ValueOptions' phone number, you were entered in the drawing.

Note: There is no purchase necessary to participate in this drawing. All taxes are the responsibility of the winners. Employees of ValueOptions or its affiliates are not permitted to participate in this drawing.



Are You Preparing for NPI? We Are!

On May 6, 2005, the Centers for Medicare and Medicaid Services (CMS) announced the availability for providers to obtain their NPI (National Provider Identifier). This change in process requires that most health plans, including Medicare, Medicaid, private health insurance issuers and clearinghouses accept and use NPI in standard transactions by May 23, 2007. The goal of the NPI is to simplify the administration of the health care system and enable efficient electronic transmission of health information.

Are You Preparing for NPI?

ValueOptions' providers should begin now to obtain their NPI. Providers can apply through a Web-based application or by submitting a paper application that can be

found at <https://nppes.cms.hhs.gov>. A paper copy of the application can also be obtained by calling the NPI Enumerator at 1-800-465-3203 (TTY 1-800-692-2326).

What is ValueOptions Doing?

ValueOptions is engaged in a major initiative to fully review the NPI requirements so as to be in compliance by May 23, 2007. In order to prepare for this major change, a team of ValueOptions' executives and subject matter experts from Information Technology, Network Operations, Provider Relations, Claims, Eligibility, Compliance, Claims Imaging, Customer Service, Legal, Account Management, Reporting, and Division Operations are involved in this initiative to carefully plan and implement

the proper steps to ensure the success of this transition.

For More Information

A Web site with the latest NPI information from the Department of Health and Human Services (HHS) can be accessed at www.cms.hhs.gov/NationalProvIdentStand. ValueOptions-specific NPI information, as it becomes available, can be found at www.valueoptions.com/provider/news.htm.

The next issue of *The Valued Provider* will provide important updates about NPI and our progress. Also look for future correspondence about NPI and ValueOptions' submission process.

Provider Relations

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