Fall 2007

The Valued Provider

In This Issue

Personal Note
Yanick Hazlewood, Vice President
National Provider Relations and Contracting

Articles

ValueOptions Offers PaySpan Health

Clinical Practice Guidelines in Daily Practice

Submit Your NPI to Ensure Claims Payment

ValueOptions' Top 10 Reasons Claims Are Denied

What's New?

Are You Receiving *The Valued Provider* Through Mail?

Welcome ValueOptions of Kansas

Updates to EAP Case Activity and Billing Form (CAF)

Achieve Solutions Web Site

ValueSelect

Network-Specific Information

Provider Trivia Inside

Contact Us

For more information about articles, visit our Web site at www.valueoptions.com/providers/ProNews.htm.

You may also e-mail the Editor at thevaluedprovider@valueoptions.com. ValueOptions is headquartered in Norfolk, Va.

ValueOptions Offers PaySpan Health

Get your money FAST and EASY through Direct Deposit

Want to get paid faster? ValueOptions and PayFormance Corporation, a subsidiary of Wachovia, have joined forces to offer PaySpan Health, an online solution that allows providers to receive Electronic Transfer of Funds (EFT) and online Electronic Remittance Advice (ERA, also known as electronic payment voucher). You'll get your money fast and easy through direct deposit. All you have to do is sign up!

What are the benefits?

- Free for all providers.
- No waiting for paper checks or paper vouchers to be printed and delivered.
- Improved cash flow through automated payments.
- Convenient online access to remittance records.
- Access to adjudicated claim information through online reporting tools.
- Ability to export data into your practice management or patient account system.

How do you register for PaySpan Health?

As an in-network provider, **you'll receive an invitation from ValueOptions that includes a registration code.** Once you receive your code, you can go to www.payspanhealth.com and follow the link for "Secure Registration". The online enrollment process will only take 5-10 minutes to complete. During this enrollment process, you will set up a profile of your practice, specify bank accounts (multiple accounts if you desire), and specify other preferences for management of checks, EFTs, ERAs, or online presentment of claim payment information. It's that simple! A step-by-step guide for registration is available online at www.payspanhealth.com.

When will you get your invitation and registration code?

Due to the number of providers in our network, ValueOptions is using a phased approach to offer PaySpan Health to one account at a time. Therefore, a provider may receive EFT for some clients and not others due to the phased-in plan. ValueOptions began rolling out this program in June 2007 and will continue to invite every provider to sign up for PaySpan Health by year end. Please wait patiently until you receive your invitation.

For more information

For more information about PaySpan Health and to learn how to register, please contact our National Provider Line at (800) 397-1630 or visit us online at www.payspanhealth.com. If you have registration, technical or general questions about PaySpan Health, you may also contact PayFormance Corporation's Provider Hotline at (877) 331-7154.

Provider Forum Information

Visit http://www.valueoptions.com/providers/Training.htm to view and register online for our provider forums.

ValueOptions
Putting People First

Personal Note

by Yanick Hazlewood, *Vice President National Provider Relations and Contracting*

Dear Provider Community,

As always, it is a pleasure to reach out to each of you through *The Valued Provider*.

I want to thank each of you for reading our publication and hope you will continue to do so. On page 3, in our "What's New!" section, you will notice that this will be the last issue sent to you via mail. In an effort to be more cost-effective and efficient, *The Valued Provider* will be available online only. Just go to www.valueoptions.com/providers/ProNews.htm to read the latest updates about ValueOptions, clinical articles and play the provider trivia. You can also access archived versions of *The Valued Provider*.

While online, don't forget to take advantage of the many other tools and resources available to you. Log in to ProviderConnect and submit/review claims, authorizations, or changes to your practice profile. Visit our Education Center to register for upcoming events or access PowerPoint presentations and handouts to events that you were not able to attend. Also, review the 2007 Handbook or download or print a copy for your files. There is so much to do while online with ValueOptions.

Be sure to read this issue in its entirety to learn about electronic funds transfer (page 1), ValueOptions of Kansas (page 3), network-specific information (beginning on page 4), and so much more!

Clinical Practice Guidelines in Daily Practice

So, what do you think of when you hear the words "clinical guidelines"? Or should I ask, "How do you feel about compliance with particular clinical guidelines"? For many providers (physicians, psychologists, social workers, and other therapists), these words elicit mixed and, at times, very strong emotions.

On the one hand, they remind us of "cookbook" medicine, an insult to our unique skills at devising exquisitely individualized care plans for each of our non-duplicable patients. In addition, they may be viewed as cumbersome, oversimplified, primarily cost-driven and even biased.

On the other hand, when clinical guidelines are well-developed and evidence-based, they can be useful clinical tools that teach us that our own care plans are often not as thorough or as scientifically grounded as they should be. They can be viewed as instruments in the clinical tool box to help with one's daily practice. In fact, there are many benefits in incorporating them as reminders to perform specific clinical tasks or some administrative functions, and to document them in a timely fashion.

Clinical guidelines are not intended to serve as a standard of medical care. Standards of medical care are determined on the basis of all clinical data available for an individual patient and are subject to change as scientific knowledge and technology advance and patterns of care evolve. These parameters of professional practice must therefore be considered guidelines only and absolute adherence to them will not guarantee a successful outcome in every case.

The ultimate judgment regarding a particular treatment plan, clinical procedure or a specific intervention must be made by the practitioner after careful review of the clinical data presented by the patient and the diagnostic and treatment options available. Significant departures from clinical guidelines should be fully documented and the reasons for the differences explained in the patient's case notes at the time the relevant decision is taken. In the current medico-legal climate, good documentation with reference to clinical guidelines can save a lot.

Submit Your NPI to Ensure Claims Payment

If you have not submitted your national provider identifier (NPI) information to ValueOptions, please do so immediately. **It is important to note, if you submit a claim without a valid NPI number on or after the compliance date (May 23, 2007), your claim may be denied and/or returned.**

The necessary NPI submission forms can be located on our Web site by visiting www.valueoptions.com and selecting "Providers." You can download the material, complete the required forms and submit to ValueOptions by using the mailing address below or by faxing to (757) 412-6594.

ValueOptions, Inc. • Attention: NPI • P.O. Box 4080 • Virginia Beach, VA • 23454

What's New?

Are You Receiving *The Valued Provider* Through the Mail?

The Fall 2007 issue of *The Valued Provider* will be the last newsletter distributed via U.S. postal mail. *The Valued Provider* will only be available online at www.valueoptions.com/providers/ProNews.htm. We hope you visit us online and continue to enjoy the provider updates, ValueOptions' Top 10, clinical articles, the provider trivia and prize give-a-way, and network-specific information. We will send you correspondence letting you know when future newsletters will be available online.

Welcome ValueOptions of Kansas!

ValueOptions is pleased to announce that effective July 1, 2007, ValueOptions began managing the Kansas Substance Abuse Prepaid Inpatient Health Plan (SA-PIHP). The Plan covers substance abuse treatment services for 280,000 individuals and families across the state. Under the direction of the Kansas Department of Social and Rehabilitation Services (SRS), ValueOptions will administer inpatient and outpatient substance abuse treatment services for members eligible for Medicaid (T-XIX) and members eligible for Substance Abuse Prevention and Treatment (SAPT) Block Grant funded substance abuse services. ValueOptions will do business as ValueOptions of Kansas, Inc., from a new service center in Topeka, KS to serve the state's substance abuse community. The company expects to employ about 30 clinical and administrative staff to supplement services provided through ValueOptions' existing administrative support structure nationwide. Welcome Kansas!

Updates to EAP Case Activity and Billing Form (CAF)

We have made a few revisions to our EAP Case Activity and Billing Form (CAF), which can be viewed online at http://www.valueoptions.com/providers/EAPforms.htm. Soon we will begin sending out the updated CAF with EAP authorization letters. The form now has a space for the National Provider Identifier (NPI) number in the Billing Information section. The other changes are very minor, and are aimed at facilitating completion of the form as well as internal processing of the form. Please contact ValueOptions at (800) 888-3944 if you have any questions.

ValueOptions' Top 10 Reasons Claims are Denied

ValueOptions wants to ensure that our providers get paid! Listed below are the top 10 reasons why claims are denied. Keep these reasons nearby when you complete your claims form.

1. The National Provider Identifier number is not listed on the claims form.
2. The member is not eligible on the date of service.
3. There is not an authorization on the system for the date of service.
4. There is not an authorization on the system for the level of care.
5. There is not an authorization on the system for the provider.
6. The claim is a duplicate claim where the service was previously processed.
7. A modifier code billed on the claim is not valid with the HCPCS code.
8. The place of service code on the claim is not valid with the service code.
9. The primary insurance carrier's Explanation of Benefit (EOB) is not received with the claim.
10. Each date of service (on the CMS-1500 claim form is not itemized).

ValueSelect

ValueOptions is pleased to announce the implementation of a new program, ValueSelect, designed to identify and reward highly utilized providers who are high performers and meet more stringent requirements, including advanced training. In an effort to encourage advanced training, ValueOptions recently partnered with Behavioral Tech, LLC, a nationally renowned evidenced-based practice (EBP) training program that is currently extending a 20% discount to ValueOptions & ValueSelect providers for upcoming fall trainings: Individual Psychotherapy in DBT,10/22-23/07 Milwaukee, WI & 11/1-2/07, Cincinnati, OH. Visit their web site - www.behavioraltech.com for more information. At registration, inform them that you are a ValueOptions & ValueSelect provider to receive the discount! In the coming weeks, selected providers will receive more detailed information about these exciting opportunities. Please stay tuned for more training discount updates!

Achieve Solutions Has A New Look

The Achieve Solutions Web site has been redesigned for a cleaner look that is easier to use. The site still contains thousands of articles, quizzes and news articles across 200 different topic areas, including counseling, depression, marriage, and anxiety. You can use the site to help engage your patients to actively participate in their own treatment and recovery.

continued on page 6

Great Lakes Service Center (GLSC)

New Office Location for ValueOptions GLSC

Effective June 25, 2007, the Great Lakes Service Center's new address is 48561 Alpha Drive, Suite #150, Wixom, MI 48393.

The toll-free numbers for members and providers will remain the same. New claims information is listed below. Please update your files with this important information.

New Mailing Address for Claims:
(Select the address as appropriate)

BCN Claims:
ValueOptions, Inc., PO Box 930829
Wixom, MI 48393-0829

Non-BCN Claims:
ValueOptions, Inc. PO Box 930321
Wixom, MI 48393-0321

New FAX# for ORF Forms:
(248) 697-0908

The move allows the GLSC to create from the ground up a service call center with all of its operations on a single floor and, thereby, help them maintain and improve operational efficiencies in the delivery of services to members and providers.

As part of the move, ValueOptions staff received new phone numbers and extensions.

If you have any additional questions regarding ValueOptions Great Lakes Service Center's move to its new location in Wixom, Mich., please feel free to contact Provider Relations at (800) 247-6070.

Member Satisfaction

Member satisfaction surveys address many factors including services, accessibility, availability, and acceptability. Yearly, ValueOptions conducts telephonic member surveys to determine our member's level of satisfaction with the services we provide. The Great Lakes Service Center uses the outcomes of these member surveys to evaluate information on the quality of care from our network of providers and our quality of service during the care delivery process.

Results from the 2006 Outpatient Survey show that 91.5 % 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 indicated that they were highly satisfied with practitioner appointment availability. For a select key survey questions, members indicated:

Quality Service - Member Rating Therapist	
Overall satisfaction with quality of service	92.0%
Sensitivity to cultural/ethnic issues	98.7%
Protects confidentiality	99.8%
Involves member in decisions	94.3%
Sets treatment goals	86.5%
Satisfied with setting treatment goals	95.6%
Able to get first appointment as soon as desired	93.3%
Able to get appointment within 7 days	88.9%
Able to get appointment within 14 days	96.1%

Provider Satisfaction

The goal of the provider satisfaction measurement is to determine the level of providers' satisfaction with ValueOptions' services and the delivery of those services. The provider satisfaction survey is conducted annually to identify opportunities for improvement.

Overall, provider satisfaction in 2006 for the ValueOptions Great Lakes Service Center shows a satisfaction rate of 88.5%. Providers noted high satisfaction with telephone helpfulness and with certification of care. Additionally, when asked to compare their experience with the Great Lakes Service Center to other managed behavioral health organizations (MBHOs), providers rated the Great Lakes Service Center as better by 59.3%.

Satisfaction Survey Results 2006	
Overall satisfaction with the services provided by ValueOptions	88.5%
Ranked as better when compared to other MBHOs	59.3%
Helpfulness of the staff through the toll-free telephone	93.8%
Peer advisors are courteous and professional	69.2%
Helpfulness of ValueOptions staff in certification of care	100%
Timely claims payment	72.2%

Great Lakes Service Center (GLSC), cont.

Treatment Record Audit Results and Clinical Practice Guidelines Compliance

An essential component of quality member care is the consistent and complete documentation of the treatment record. All ValueOptions providers are required to maintain member records in compliance with the policies and procedures of ValueOptions and accrediting body standards for accreditations that ValueOptions pursues, [i.e. The National Committee for Quality Assurance (NCQA) - Managed Behavioral Healthcare Organization (MBHO) standards and URAC Health Utilization Standards]. Compliance is also mandatory for federal and state regulations that require that "patient records are maintained in a manner that is current, comprehensive, detailed, organized, and legible to promote effective patient care and quality review."

The GLSC quality management staff conducts audits of member treatment records to ensure that the records are maintained in a manner that is current, detailed, and organized and permits effective care and quality review with accreditation and regulatory standards. Providers not scoring at least 80% overall compliance are asked to develop a corrective action plan.

Treatment record standards and the treatment record audit tool can be found on the GLSC provider Web site at www.valueoptions.com.

During 2006, 585 treatment records were audited of high-volume practitioners and providers. High volume is defined as any individual or facility that serves twenty-five members or more within a year. The scoring goal is 80% overall compliance with standards. Of the 535 records audited, 94% scored 80% or above. Audit areas with the lowest compliance were found with the following types of documentation:

- For individuals 12 and older, documentation includes past and present use of cigarettes and alcohol, as well as illicit, prescribed and over-the-counter drugs (78%).
- The treatment record documents dates of follow-up appointments or, as appropriate, a discharge plan (79%).
- The record shows evidence of coordination with a youth's school to achieve school-related goals (50%).

ValueOptions also monitors compliance with clinical practice guidelines for common diagnoses. The following list identifies areas of diagnosis-related treatment practice that need improvement as evidenced by reviews of treatment records:

- Major Depression (296.2 or 296.3 series) Mood, symptoms and suicidality are assessed at every visit (63%).
- Attention Deficit Hyperactivity Disorder (314.00, 314.01, 314.9) The record reflects education about ADHD and parent training in behavioral management (57%).
- Co-Occurring Psychiatric and Substance Related Disorders The treatment plan includes identification of barriers to adherence and interventions that address barriers (79%).

The treatment plan includes a relapse plan, including the identification of relapse triggers, skills needed to deal with triggers and contingency plans for difficult instances.

All of ValueOptions' clinical practice guidelines are accessible via the Provider Handbook located at www.valueoptions.com.

Empire Plan

Timothy's Law

On December 22, 2006, legislation known as "Timothy's Law" was signed. This law, which sets a minimum level of benefits for mental health, became effective January 1, 2007. As a result of this legislation, several of our Empire Plan members received a reduction in copay. Below is an outline of the copay changes identified:

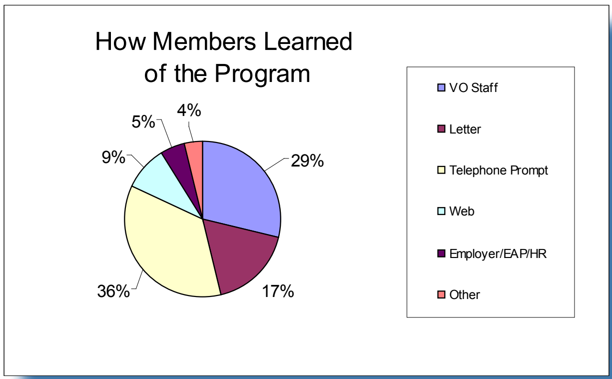
- Copay code B: In-network office visit copays were reduced from $15 to $12.
- Copay code X: In-network office visit copays were reduced from $15 to $10.

Should you have any questions, please call the Empire Provider Line at (800) 235 – 3149.

NOTE: Copay Codes are indicated on the front of the Empire Plan Identification card (above)

New York State (NYS) Empire Plan Members Take Advantage of Depression Resources Available

NYS Empire Plan members have been accessing the ValueOptions Depression Identification and Management program offered since late last year. The program provides enhanced service for those experiencing depressive symptoms, including screening, education, referral, and care management. Providers can encourage their NYS Empire Plan Members to opt into the program by visiting www.valueoptions.com. Members can request the educational materials and a brief, confidential screen is available as well. The materials can also be requested by calling 877-7NYSHIP (877-769-7447), option 3. Practitioners with questions are encouraged to call the provider line at 800-446-3995.



New Enhancements to the Authorization Process

ValueOptions' NYS Empire Plan is excited to announce two new enhancements to the authorization process. Providers can request outpatient authorizations online by logging in to ProviderConnect at www.valueoptions.com. As an alternative, providers can also submit an Outpatient Request Form as well as Medication Management and Psychological Testing request forms by fax to (518) 270-2033 or (866) 757-5101.

You are only required to submit request forms after the initial ten outpatient mental health "pass-through visits," which are available per member, per provider, per lifetime. Prior authorization is still required for psychological testing.

If you have any questions, contact provider relations at (800) 235-3149.

Provider Trivia Question:

Congratulations to Provider Marion Hecht in South Orange, NJ, winner of the Palm Pilot.

True or False. Providers can send messages to and receive messages from ValueOptions through ProviderConnect?

Please submit the correct response to *thevaluedprovider@valueoptions.com* by November 30, 2007 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 2007 Provider Trivia question: In 1998, OPTIONS merged with Value Behavioral Health creating ValueOptions.

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.

continued from page 3

New Achieve Solutions Web Site features

The site includes these new sections:

- **Find Services**—Your members can gain quick access to self-search tools that will help them locate a variety of services in your area. Our online provider directory is posted on client sites.
- **Manage Life Event**—To help guide members who may be feeling overwhelmed, this section offers practical ideas on managing events such as divorce, empty nest, adoption, coping with a chronic illness, death of a loved one or pregnancy.
- **Assess Concerns**—Members can take an interactive quiz to get guidance on subjects such as work/life balance, health and wellness, relationships, mood, stress and substance abuse.

Link to ProviderConnect

You can enter ValueOptions' ProviderConnect Web site through the Achieve Solutions site. To get to ProviderConnect, select "Resources" in the top bar of any page. Under "Resource Links", click "ValueOptions Provider Page."

Access

No username and password are required to enter Achieve Solutions. Visit www.achievesolutions.net/providers to begin exploring the site.

Comprhensive Suicide Risk Assessment: Reducing the Risk of Completed Suicides

A completed suicide is one of the most dreaded outcomes of the psychiatric illnesses treated in behavioral health. ValueOptions has identified the safety of members and quality of care and services, particularly for high risk behaviors such as suicide attempts, as an area in which additional materials, training and communication may positively impact outcomes. ValueOptions believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides in members in treatment.

Research on this topic provides us with a number of both predictive and associated factors that are commonly present in cases where there is a completed suicide. Predictive factors, if present, they suggest that a completed suicide may occur, and associated factors means they may be present, but do not correlate with prediction of a potential completed suicide. **There is no algorithm or scoring tool which in and of itself can identify level of suicide risk in any consistent manner.** The identification of level of suicide risk is directly dependent on the clinical judgment of the clinician assessing the factors in the context of the person's current biopsychosocial climate and thoughtfully formulating a summary that identifies the potential risk of suicide.

In today's environment, with time pressure, production expectations, and competing requirements, it is a challenge to "see" all of the predictive and associated risk factors for completed suicide in the course of completing an assessment. The factors are scattered across multiple biopsychosocial planes, and the clinician with the final responsibility frequently is unable to examine all of the data in detail prior to making a decision regarding suicide risk. Additionally, documenting suicide risk has, over time, devolved to shorthand documentation of "no suicidal ideation or intent". Unfortunately, this shorthand does not take into account the many additional predictive and associated factors for completed suicide and does not allow a thoughtful clinical formulation with respect to consideration of all of those factors.

In addition to identifying and formulating risk based on all pertinent information, it is also useful to identify what interventions may modify risk of completed suicide. Many risk factors are not modifiable, such as age, but many are potentially modifiable. **It is essential to quality clinical practice to ensure that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease** the risk of completed suicide.

ValueOptions has available for all providers and practitioners a form called the Comprehensive Suicide Risk Assessment for Prevention. This form includes the predictive risk factors for completed suicide in one easy to use assessment tool with space for the clinical documentation of both level of risk and recommended interventions for modifiable risk factors. This tool should be used to assess and reassess suicide risk whenever there is any suspicion that risk may be present. It is particularly useful for inpatient assessment and reassessment. (There is a higher rate of suicides in hospitalized patients and in the initial two weeks post hospitalization.) Providers and practitioners may access this form on the ValueOptions website at http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm or by calling 800-719-603. Additional materials that will be appropriate for you to share with your patients are planned for the near future.

Utilization Management (UM) Guidelines

Please Note: The Utilization Management (UM) guidelines are now available on-line and accessible via the Provider Handbook located at www.valueoptions.com.

Northeast Service Center

ValueOptions Northeast Service Center NCQA Update

The 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. 222827, to request a hard copy.

North Carolina Service Center

ValueOptions North Carolina Service Center Key Updates Newsletter for Providers Serving State and Local Government Enrollees

The ValueOptions North Carolina Service Center is committed to maintaining excellence in care and service in behavioral health treatment. For information on:

- 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 activities

Please log into our Web site at www.valueoptions.com , click on "Providers", "Network-Specific", "North Carolina Service Center State and Local Govt.", then click "North Carolina Service Center Key Updates Newsletter." If you do not have Web access, please call Carrie Turner, ValueOptions, at 1-866-719-6032, to request a hard copy.